



### Sponsorship Pledge Form

As an expression of support for The Parenting Center, please accept this sponsorship agreement at the following level:

- |                             |                             |                                    |                    |
|-----------------------------|-----------------------------|------------------------------------|--------------------|
| _____ Super Skeleton        | \$ 5,000                    | _____ Trick or Treat Village House | \$ 300             |
| _____ Princess & Pirate Tea | \$ 3,000 <i>(limit one)</i> | _____ Monster Media                | \$ 1,500 (in-kind) |
| _____ Trick or Treat Bag    | \$ 2,500 <i>(limit one)</i> | _____ Scarecrow Volunteer Sponsor  |                    |
| _____ Friendly Ghost        | \$ 2,500                    | _____ Community Village Vendor     | \$ 200             |

\_\_\_\_\_ I prefer to make a charitable contribution to benefit The Parenting Center in the amount of:

*\*Gifts of \$250 and above will receive 4 Monster Mash tickets.*

\$1,000\_\_\_\_\_ \$500\_\_\_\_\_ \$250\_\_\_\_\_ \$100\_\_\_\_\_ Other \$\_\_\_\_\_

\_\_\_\_\_ I would like to make an IN-KIND donation for auction or general use: Value - \$\_\_\_\_\_

Item: \_\_\_\_\_

#### Payment Method:

Please make checks payable to: St. Tammany Hospital Foundation – Parenting Center Fund and mail to:  
St. Tammany Hospital Foundation, 1202 South Tyler, Covington, LA 70433

#### **OR**

Charge \$ \_\_\_\_\_ to my:  Visa  MasterCard  Discover  American Express

Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Today's Date \_\_\_\_\_

#### Sponsor Information:

\_\_\_\_\_ Please check here if you prefer your gift to remain anonymous.

Name of Sponsor: \_\_\_\_\_  
*Please print name of individual or business **EXACTLY** how you want it to appear on printed materials.*

\_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Signature (if using a credit card for payment) \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City, State Zip \_\_\_\_\_

**For additional information, contact Nicole Suhre at (985) 898-4171 or [nsuhre@stph.org](mailto:nsuhre@stph.org). Fax form to 985-871-5744.**