



Sponsorship Pledge Form

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

- | | |
|--|--|
| <p>_____ Super Skeleton \$ 5,000</p> <p>_____ The Good Witch \$ 3,000</p> <p>_____ Friendly Ghost \$ 2,500</p> <p>_____ Monster Media \$ 1,500 (in-kind)</p> | <p>_____ Tricky Trick or Treat Bag \$ 1,800 (only 1)</p> <p>_____ Trick or Treat Village House \$ 500</p> <p>_____ Scarecrow Volunteer Sponsor</p> |
|--|--|

_____ 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 (Print Name) _____ 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. Fax form to 985-871-5744.