



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 Vendor	\$ 300
_____ Princess & Pirate Tea	\$ 3,000 (Reserved)	_____ Monster Media (in-kind)	\$1,500
_____ Trick or Treat Bag	\$ 2,500 (Reserved)	_____ Community Village Vendor	\$ 200
_____ Friendly Ghost	\$ 2,500	_____ Scarecrow Volunteer Sponsor	
_____ Trick or Treat Village House	\$ 500		

_____ 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 more information, contact Melanie Rudolph at 985-898-4141 or mrudolph@stph.org. Fax form to 985-871-5744.