PRISMA HEALTH℠
Children's Hospital

PRISMA HEALTH℠
MIDLANDS FOUNDATION

sponsorship commitment

- ☐ Presenting ($10,000)
- ☐ Dining Hall ($7,500)
- ☐ Cabin ($5,000)
- ☐ Campfire ($2,500)
- ☐ Sunshine ($1,000)
- ☐ Stargazer ($500)
- ☐ Meal Partner ($1,000)
- ☐ Meal Partner ($750)
- ☐ Meal Partner ($500)
- ☐ Meal Partner ($250)

☐ Our check is enclosed and made payable to Prisma Health Midlands Foundation-Camp Wonder Hands. Prisma Health Midlands Foundation's Tax ID # is 57-0725699.

Please print the following information and keep a copy of this form and your sponsorship benefits for reference. Indicate how you would like your sponsorship to be recognized in promotional materials.

Company/Organization (if applicable) _____

Contact Name _____

Address _____

_____

City/State/Zip_____

Work Phone_____ Cell phone _____

Fax_____ Email_____

Contact Name_____Title_____

Signature_____

Credit card information:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account number: _____

Name on card:_____

Expiration date:_____Amount to be charged to credit card: $ _____

Signature: _____

Please return to Diane Junis, Prisma Health Midlands Foundation | Diane.Junis@PrismaHealth.org | Fax 803-434-2815
1600 Marion Street, Columbia, SC 29201