

MAGIC OF LIFE GALA 2014 SPONSORSHIP FORM

Name:	Commits to:
To appear in gala collateral as:	
Send pledge reminders: ☐ one t	time 🔲 annually 🔲 quarterly
Over 1 year	2 years
I would like my pledge payments	to begin in
	month year
Please print:	
Main contact:	Email:
Phone:	Fax:
Address:	
City:	State: Zip:
Marketing contact for logos:	
Email:	
(If different from above)	
Phone:	Fax:
Please pay 50% of your pledge by April 5, 2 Your pledge should be paid in full by June 30	014.

Please fax to Kelly Meltzer at 410.601.4439 or email kmeltzer@lifebridgehealth.org