



## Sponsorship Pledge Form

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
*For program listing*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
*If different from above*

**The number of sponsorship opportunities are limited. Pledges should be made as soon as possible. Invoices for payment will be mailed in September.**

### SPONSOR LEVELS (check one)

- \$50,000 Presenting Sponsor       \$12,500 Gold Star Sponsor       \$3,000 Bronze Star Sponsor  
 \$25,000 Platinum Star Sponsor       \$6,000 Silver Star Sponsor       \$300 Broadcast Sponsor

### TREES (check one)

- \$1,500 Sponsorship    or     \$2,500 \*NEW\* Designer Tree Purchase

### PAYMENT MAY BE MADE BY CHECK OR CREDIT CARD (check one)

- Visa       MasterCard       American Express       Check

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
*As it appears on card*

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make checks payable to: Riverside University Health System Foundation

Please return this form to the **Riverside University Health System Foundation** office:  
P.O. Box 9850, Moreno Valley, CA 92552 or Fax to 951-486-4499

501(c)(3) Non-Profit Federal ID #33-0374018

[RUHSFoundation.org](http://RUHSFoundation.org)

For more information, call 951-486-7620 or email Nicole Orr at [N.Orr@RUHealth.org](mailto:N.Orr@RUHealth.org)

**THANK YOU FOR YOUR GENEROSITY!**