



2017 Sponsorship Confirmation Form

Sponsorship Level

- | | |
|--|---------|
| <input type="checkbox"/> Celebration Sponsor | \$7,500 |
| <input type="checkbox"/> Start/Finish Line Sponsor | \$5,000 |
| <input type="checkbox"/> Rest-Stop Sponsor | \$3,000 |
| <input type="checkbox"/> Community Sponsor | \$1,000 |

Please print the information of your primary sponsorship contact.

Company Name _____
Contact Name _____
Contact Title _____
Business Address _____
Phone (Business) _____
Phone (Cell) _____
Email _____

Business Name (as it will appear in print):

Payment Information

- Please invoice for payment
- Check is enclosed for \$ _____
payable to *St. Luke's Hospital*
- Charge \$ _____ to my:
___ Visa ___ Mastercard ___ American Express ___ Discover
- Credit Card Number _____
- Expiration Date _____ CVW Code _____
- Name on Card _____
- Signature _____

Please mail to the address
below or fax this form to:
Office of Development
St. Luke's Hospital
232 South Woods Mill Road
Chesterfield, MO 63017
P: (314) 576-2345
F: (314) 205-6192
E: kimberly.moore@stlukes-stl.com

*St. Luke's is a non-profit organization with
section 501 (c)(3) status for tax purposes.
Our Federal Tax ID# is 43-0652680.*