

2020 Sponsorship Confirmation Form

Sunday  
May 31, 2020  
St. Luke's Hospital  
Desloge Outpatient Center

# Tour de Wellness

Ride for Heart Health

## Sponsorship Level

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

Sponsor's Name as it should appear in **Tour de Wellness – Ride for Heart Health** print materials and other recognition.

Will you be using the rider registrations included with your sponsorship benefits?  Yes  No

(If yes, please register riders with Chloe Tubbs at [chloe.tubbs@stlukes-stl.com](mailto:chloe.tubbs@stlukes-stl.com).)

## 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 \_\_\_\_\_ CVV 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: [chloe.tubbs@stlukes-stl.com](mailto:chloe.tubbs@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.*

Sponsorship commitment by **March 13, 2020** will guarantee full sponsorship benefits. 1-2865