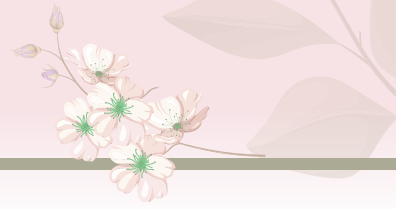




ST. LUKE'S 109TH CHARITY BALL
TO BENEFIT ST. LUKE'S SCHOOL OF NURSING
SPONSORSHIP COMMITMENT FORM



My Sponsorship is at the Following Level

Yes, we will use our tickets. No, we will not use our tickets.

_____ \$35,000 - ATRIUM SPONSOR

_____ \$10,000 - EVERGREEN SPONSOR

_____ \$2,500 - BUD SPONSOR

_____ \$25,000 - GREENHOUSE SPONSOR

_____ \$7,500 - ANNUAL SPONSOR

_____ \$1,000 - BULB SPONSOR

_____ \$15,000 - ARBOR SPONSOR

_____ \$5,000 - PERENNIAL SPONSOR

_____ \$500 - SEEDLING SPONSOR

I would like to reserve _____ additional tickets at \$400 each.

Contact Information

Company Name (as you would like it to appear in printed materials and online) _____

Contact Name/Title _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Company Website _____ Main Company Phone _____

Authorized Signature _____

Names of Guests Attending - (if known) and any dietary restrictions

Payment Information - Please visit sluhn.org/charityball to complete payment online. To guarantee your logo is represented on the vellum insert included with the Charity Ball invitation, your commitment must be received by February 17, 2023.

Enclosed is my payment of \$ _____ (due with form by March 29)

Please invoice me

Please mail to: **St. Luke's Charity Ball, 801 Ostrum Street, Bethlehem, PA 18015** or you may fax form to **484-526-4137**

Please submit the final names of your guests and any dietary restrictions to charityball@sluhn.org by April 10th.

Form due March 29

Please contact Lori Coursen at 484-526-3057 or lori.coursen@sluhn.org with any questions.

Thank you for your support!

Tax ID for St. Luke's University Health Network is 23-1352213. St. Luke's is a 501(c)(3) charitable organization.