

SPONSORSHIP INFORMATION

Sponsor Name or Company Name

Street Address

City

State

Zip

Phone

Email

Donation Amount

SPONSORSHIP COMMITMENT

- Premier Sponsor..... \$5,000
- Month of Mammograms..... \$3,100
- Half a Month of Mammograms..... \$1,550
- Week of Mammograms..... \$700

PAYMENT OPTIONS

Make checks payable to UF Health
Leesburg Hospital Foundation

- Check Credit Card

IF PAYING BY CREDIT CARD

- MasterCard Visa Discover American Express

Card Number

Exp.

Name on Card

Signature

Mail this form (with check enclosed or credit card information) to:



701 N. Palmetto St., Suite G • Leesburg, FL 34748
Or e-mail to Erica Lebo at: elebo@shands.ufl.edu

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