



# Sponsorship Commitment Form

Thank you for your interest in supporting the WhidbeyHealth Foundation as an event sponsor. Please complete the form below and submit it as soon as possible to secure your sponsorship. Should you have any questions or require assistance, please contact Phoebe Keliikupakako at 617-816-3078 or via email at [kelikp@whidbeyhealth.org](mailto:kelikp@whidbeyhealth.org).

## **Contact Information:**

Company/Organization Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## **Sponsorship Information:**

Event:  Annual Gala  Tour de Whidbey  Both

Sponsorship Level:  Platinum  Gold  Silver  Bronze  Copper

## **Additional Information:**

Please specify how your organization's name should appear in promotional materials:

**Logo Submission:** Email your logo in high-resolution format to [kelikp@whidbeyhealth.org](mailto:kelikp@whidbeyhealth.org).

## **Payment Method:**

**Pay Via Check**  Check Enclosed  Check to Follow  Send Invoice

**Mail Check:** WhidbeyHealth Foundation | PO Box 641 Coupeville, WA 98239

**Pay Via Credit Card**  Visa  Mastercard  American Express  Discover

Name: \_\_\_\_\_ CCV/CVC: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**Acknowledgement of Sponsorship Commitment:** By signing below, I confirm that our organization is committed to sponsoring the WhidbeyHealth Foundation and agree to the terms discussed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_