



# 2025 Sponsorship Commitment Form



- Fill out the form below and return it to us by mail
  - (Faith Community Pharmacy, 601 Washington Ave., Ste. 100, Newport, KY 41071)
- Make your commitment online at [www.faithcommunitypharmacy.org/sponsor](http://www.faithcommunitypharmacy.org/sponsor)
- Contact Denise Bowman, Director of External Relations at, [denise@faithcommunitypharmacy.org](mailto:denise@faithcommunitypharmacy.org)

## Sponsor Information

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

I'd like to receive your e-newsletter.

## Sponsorship(s) Desired:

### Golf Outing:

- Annual Presenting Sponsor** - \$10,000 (ask for more details to sponsor both events)
- Title Sponsor - \$3,500
- Platinum Sponsor - \$2,250
- Gold Sponsor - \$1,000
- Silver Sponsor - \$750
- Bronze Sponsor - \$500
- Drink Sponsor - \$2,500
- Hole Sponsor Level 1 - \$250
- Hole Sponsor Level 2 - \$100
- Friend of Pharmacy Sponsor - \$50

### A Time To Celebrate Gala:

- Title Sponsor - \$5,000
- Platinum Sponsor - \$3,000
- Gold Sponsor - \$1,500
- Silver Sponsor - \$750
- Patron Sponsor - \$250
- Cocktail Sponsor - \$1500
- Game Sponsor - \$750



## Payment Method:

**Check** (Payable to Faith Community Pharmacy.) Sponsorship Total: \_\_\_\_\_

Visa  Mastercard  Discover  AMEX  Pay Online

CC#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Thank you for your support!**

