

## 2020 Dual Signature Events Sponsorship Commitment Form

## Please complete and mail or email to: Northwest Kidney Centers, P.O. Box 3035, Seattle, WA 98114 Email: Jacqui.Weber@nwkidney.org Phone: (206) 720-8544 Company Name (as you would like it to appear in all promotional materials) Sponsorship Contact Name \_\_\_\_\_ Email I approve the following sponsorship level in support of the HopeBuilders Luncheon (March 18, 2020) and Discovery Gala (October 17, 2020) **☐** Signature \$50,000 **☐** Presenting \$25,000 **☐** Premier \$15,000 **☐** Platinum \$10,000 Authorized by (please sign)\_\_\_\_\_\_ ☐ I've enclosed a check for \$ payable to Northwest Kidney Centers ☐ Please invoice my company ☐ Please charge Visa/MC/Discover/AMEX Credit card number\_\_\_\_\_Exp\_\_\_ / / Signature of Cardholder Please check all that apply: Yes, please reserve \_\_\_\_\_ table(s) of 10 or \_\_\_\_ (#) seats for the HopeBuilders Luncheon on March 18, 2020. (We will submit a guest list by 3/6/20.) Yes, please reserve table(s) of 10 or (#) seats for the Discovery Gala on October 17, 2020. (We will submit a guest list by 10/2/20.) ☐ No, we will not be able to attend.

For more information about becoming a sponsor, please contact Jacqui Weber at **(206) 720-8544** or Jacqui.Weber@nwkidney.org.



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Sponsorship	Contact Name			
Address		City	State Zip	
Phone		Email		
■ 2020 Hop		llowing sponsorship leve March 18, 2020) ■ 2020 [	el in support of: Discovery Gala (October 17, 2	2020)
	Presenting \$25,000 Gold \$5,000	☐ Premier \$15,000 ☐ Silver \$2,500		
☐ I've enclo ☐ Please in		payable to Northwes		
				<u>'</u>
□ I understa Please re □ 2020 Ho	and we receive up to one serve table(s) of 10 opeBuilders Luncheon or	• •	nature event. ubmit a guest list by 3/6/20.)	
☐ We are s		Builders Luncheon. Please guest list by 3/6/20.)		

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