

2019 Dual Signature Events Sponsorship Commitment Form

Please complete and mail, email or fax to:

Northwest Kidney Centers, P.O. Box 3035, Seattle, WA 98114

Email: Jacqui.Weber@nwkidney.org

Phone: (206) 720-8544 Fax: (206) 709-8359

Company Name *(as you would like it to appear in all promotional materials)*

Sponsorship Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

**I approve the following sponsorship level in support of the
2019 Breakfast of Hope (May 9, 2019) and 2019 Discovery Gala (October 26, 2019)**

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 2019 Breakfast of Hope on May 9.
(We will submit a guest list by 4/22/19.)

Yes, please reserve _____ table(s) of 10 or _____ (#) seats for the 2019 Discovery Gala on October 26.
(We will submit a guest list by 10/7/19.)

No, we will not be able to attend.

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

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2019 Breakfast of Hope (May 9, 2019) **2019 Discovery Gala (October 26, 2019)**

Presenting \$25,000

Premier \$15,000

Platinum \$10,000

Gold \$5,000

Silver \$2,500

Bronze \$1,000

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Credit card number _____ Exp ____/____/____

Signature of Cardholder _____

For a Gold or above level sponsorship, please complete the following:

I understand we receive up to one table (10 seats) for one signature event.

Please reserve ____ table(s) of 10 or ____ (#) seats for:

2019 Breakfast of Hope on May 9. *(We will submit a guest list by 4/22/19.)*

2019 Discovery Gala on October 26. *(We will submit a guest list by 10/7/19.)*

For a Silver Level sponsorship, please complete the following if applicable:

We are sponsoring the 2019 Breakfast of Hope. Please reserve ____ table of 10 or ____ (#) seats for us. *(We will submit a guest list by 4/22/19.)*

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