

2024 Speak from the Heart Gala Sponsorship Agreement

The organization or individual identified below agrees to sponsor, at the level indicated below, the Pikeville Medical Center Foundation for Quality Healthcare, Inc. **2024 SPEAK FROM THE HEART GALA** to be held on Saturday, February 10, 2024. PMC agrees to provide the items indicated in sponsor packages associated with that level of sponsorship and to use the proceeds from the event for the Appalachian Valley Autism (AVA) Center.

Attending Sponsor

Non-Attending Sponsor

Sponsor's Legal Name _____

Contact Person _____

Address _____

City _____

Phone _____

Email _____

Event - \$25,000+

Gold - \$10,000+

Silver - \$5,000+

Bronze - \$2,500+

Other Donation Amount - \$_____

Deadline for table reservation: January 12, 2024

Persons Attending:

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

Credit/Debit Card:     

Name (as it appears on card): _____

Card Number: _____ **Exp. Date:** _____

Check:

Please find enclosed, a check in the amount of \$ _____ made payable to the Pikeville Medical Center Foundation for Quality Healthcare, Inc. Send a check and agreement to: Pikeville Medical Center Foundation for Quality Healthcare, Inc. 2024 SPEAK FROM THE HEART GALA. P.O. Box 2515, Pikeville, KY 41502.

_____ (signature) _____ (print name)

_____ (title) _____ (date)