



SPEAK *from the* HEART SPONSORSHIP

2025 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. 2025 SPEAK FROM THE HEART GALA to be held on Saturday, February 15, 2025 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+

Bronze - \$2,500+

Silver - \$5,000+

Other Donation Amount - \$_____

SPEAK from the HEART



Deadline for table reservation:
January 25, 2025

SPONSORSHIP GALA ATTENDEES

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: _____ CVV: _____

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. 2025 SPEAK FROM THE HEART GALA. P.O. Box 2515, Pikeville, KY 41502.

_____ (signature) _____ (print name)

_____ (title) _____ (date)

For more information, contact Gerri Collins:
606-430-3508 | gerri.collins@pikevillehospital.org