

SCOTLAND MEMORIAL FOUNDATION

An affiliate of Scotland Health Care System

Putting on the Ritz - A Gala of Giving

Contribution Form

Yes! I/We will support Scotland Memorial Foundation in its work to support Scotland Health Care System as it offers safe, high-quality, compassionate, and sustainable care - one patient at a time.

Business/Name(s) _____
(Please print exactly as you would like any recognition to appear in printed materials.)

Contact Name _____ **Phone** _____

Mailing Address _____

E-Mail _____

Please select sponsorship level: (find details in packet)

Underwriter Levels

- | | |
|---|---|
| ☐ \$25,000 Top-Hat Sponsor (24 VIP seats) | ☐ \$5,000 Black-Tie Sponsor (10 VIP seats) |
| ☐ \$10,000 White-Glove Sponsor (12 VIP seats) | ☐ \$3,000 White-Tie Sponsor (8 VIP seats) |
| ☐ \$10,000 White-Glove Sponsor (Casual Seating 10 VIP seats) | |

Individual Tickets

- ☐ \$300 each - up to 6 tickets # _____ tickets needed
(8 tickets will purchase the White-Tie Table)

Special Sponsorship (General admission tickets noted in parentheses)

- | | | | |
|---|---|---|--|
| ☐ \$2,500 Mobile Bidding Sponsor (4) | ☐ \$2,000 Auction Room (4) | ☐ \$1,000 360 Photo Booth (2) | ☐ \$500 Wine Wall Sponsor |
| ☐ \$2,000 Music Sponsor (4) | ☐ \$1,500 Bar Sponsor (2) | ☐ \$1,000 Signature Cocktail (2) | ☐ \$500 Photography Sponsor |
| ☐ \$2,000 Valet Parking Sponsor (4) | ☐ \$1,000 Entrée Sponsor (2) | ☐ \$750 Dessert Station Sponsor | ☐ \$200 Ice Sculpture Sponsor |

In addition to my sponsorship, I would like to make a donation to the Fund the Need in the Amount of:

\$ _____

Enclosed is my gift in the following amount: \$ _____ **Other Comments:**

Method of Payment:

- ☐ Check ☐ Cash ☐ Credit Card* ☐ Invoice

**If you would like to pay via credit card, please call the Foundation office at 910-291-7551.*

Donor's Signature: _____

Thank you for your sponsorship for Putting on the Ritz - A Gala of Giving. Your support will benefit our community in many ways. **In order to give you the recognition you deserve, we need to have your Underwriter Level commitment by September 15th.** Please send your tax deductible contribution to:

Scotland Memorial Foundation
500 Lauchwood Drive
Laurinburg, NC 28352

Tel: (910) 291-7551
Email: scotlandfoundation@scotlandhealth.org
Federal Tax ID# 58-1828201