



**Tallahassee Memorial  
HealthCare Foundation**

# Cards for a Cure

**Please print the following information:**

Name of Sponsor  
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Address: \_\_\_\_\_

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**SPECIAL LISTING INSTRUCTIONS:**

Please provide the following information that you would like listed in our printed materials.

Correct name of individual or firm to be used (must be filled in exactly as it should appear in all publicity, including capitals and abbreviations):

\_\_\_\_\_ *I would prefer not to be listed.*

**GENERAL SPONSORSHIPS:**

Please check one of the following Sponsorship Levels:

- \_\_\_\_\_ \$5,000 Title Sponsor
- \_\_\_\_\_ \$2,500 Wine & Spirits Sponsor
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- \_\_\_\_\_ \$1,500 Gold Sponsor
- \_\_\_\_\_ \$1,000 Silver Sponsor
- \_\_\_\_\_ \$500 Bronze Sponsor
- \_\_\_\_\_ \$250 Pink Ribbon Donor

**Donor Signature:** \_\_\_\_\_

- Please include camera-ready logo for all Sponsorship levels.
- Please make all checks payable to: **TMH Foundation, Inc.**  
(MasterCard/VISA accepted.)
- If you have any questions, please call our TMH Foundation office at (850) 431-4048.