

# Caring for You at CHRISTMAS

*Together we make a difference.*



## Sponsorship Information Form

**SATURDAY, DECEMBER 6 • 10 AM • WHISPERING SPRINGS GOLF CLUB • FOND DU LAC**

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

- ☐ **Diamond Sponsor (\$5,000)** - Includes eight seats to the luncheon, premium table wine, and recognition at the event and on social media.
- ☐ **Platinum Sponsor (\$2,500)** - Includes eight seats to the luncheon and recognition at the event and on social media.
- ☐ **Gold Sponsor (\$1,500)** - Includes four seats to the luncheon and recognition at the event and on social media.
- ☐ **Silver Sponsor (\$500)** - Includes recognition at the event and on social media.
- ☐ **Donation** - I would like to make a donation to support the Caring for You at Christmas holiday luncheon event.
- ☐ **Luncheon (\$50/person)** - I am interested in purchasing seats for the luncheon. Turn over page to add attendee names.

**Please check the method of payment below:**

- ☐ Invoice my company.
- ☐ Make checks payable to: Agnesian HealthCare Foundation

The Agnesian HealthCare Foundation is a 501(c)3 organization. Financial statements of the Agnesian HealthCare Foundation for the most recent fiscal year are available by contacting the Foundation office. Your sponsorship dollars, minus the complimentary lunch reservations, may be a tax deduction. Please contact your tax advisor.

[givetossmhealth.org/CaringForYou](http://givetossmhealth.org/CaringForYou)

**Please return this form by November 14, 2025  
to be included in marketing materials.**

*Please turn over to complete the form.*



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## Attendee List

Please fill in for each person attending.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_