



2009 Children's Miracle Network Sponsor Form

_____ Yes you can count on our sponsorship in the amount of \$ _____
to support the Children's Miracle Network Celebration benefiting McLeod
Children's Hospital scheduled for May 30.

Business Name _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Thank you for your support of McLeod Children's Hospital!

McLeod Foundation
PO Box 100551 * Florence, SC 29502
Phone: (843) 777-2694 * Fax (843) 777-5174

