



**McLeod Children's Hospital
2010 Chef & Child Dinner and Auction
Sponsor Form**

Business Name _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Yes! You can count on our support of the 2010 Chef & Child Dinner and Auction benefiting McLeod Children's Hospital as a:

- Presenting Sponsor \$5,000
♥ receive one table for eight with exclusive seating, special recognition in the Chef & Child Program and recognition throughout the event.
- Corporate Patron \$2,500
♥ receive special seating for four, recognition in the Chef & Child Program and recognition during the event.
- Corporate/Individual Sponsor \$1,000
♥ receive special seating for two, recognition in the Chef & Child Program and recognition during the event.

I would like to purchase _____ additional tickets @ \$150 a piece.

Method of Payment (payable by January, 2010)

- Please Bill Me**
- Check**(Payable to McLeod Foundation)
- Visa** **Mastercard** **American Express**

Account # _____ Expiration Date: _____

Signature _____

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