



Sponsor Form

Business Name _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Yes! You can count on our support for the 2009 Festival of Trees benefiting McLeod Children's Hospital.

____ Event Sponsor	\$10,000	____ Garland Sponsor	\$500
____ Jingle Bell Sponsor	\$5,000	____ Tinsel Sponsor	\$250
____ Star Sponsor	\$2,500	____ Decorate a Tree, Wreath, Mantelpiece or Centerpiece	
____ Holly Sponsor	\$1,000		

Method of Payment (payable by September, 2009)

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

Account #: _____ Expiration Date: _____

Signature: _____

____ We are unable to sponsor at this time, but would like to buy _____ (#) Festival of Trees Gala tickets at \$50 per person.

____ We are unable to attend this event, but would like to make a contribution of \$_____.

____ I would like to volunteer for this event.

*Attention: Davis Sawyer, McLeod Children's Hospital Fund Manager
McLeod Foundation * PO Box 100551* Florence, SC 29502
(843) 777-2694 * Fax: (843) 777-5174*