



4th Annual Steak Soirée Benefitting Baptist Health Medical Center - Hot Spring County Commitment Form

In support of Hot Spring County Medical Center, I would like to sponsor at the following level:

Table with 6 columns: Sponsor Level, Amount, Status, Sponsor Level, Amount, Status. Includes Presenting Sponsor (\$3,500 SOLD!), Key Note Sponsor (\$3,000), Auction Sponsor (\$2,500), Venue Sponsor (\$2,500), Floral Sponsor (\$2,500), Platinum Sponsor (\$1,000), Gold Sponsor (\$500 SOLD!), Silver Sponsor (\$250 SOLD!).

- Checkboxes for: Please invoice me at the address listed below, Listed below is my debit or credit card information, Check enclosed (Make checks payable to Baptist Health Foundation)

Checkboxes for Visa, MasterCard, Discover, American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Name of Company \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For business to be included in print material~ Commitment form is due January 11, 2019. Payment/Balance is due January 25, 2019.

Please mail payment with commitment form to: Melinda Spradling 9601 Baptist Health Drive Little Rock, AR 72205-7299 You may also fax this form to 501-202-7352

Thank you for your support!

For Office Use Only: Commitment Form Received: \_\_\_\_\_ Invoice Sent: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Logo Received: \_\_\_\_\_ Tax Receipt Sent: \_\_\_\_\_