

DAY OF GIVING



Sponsor Registration

Please respond no later than March 11, 2024.

- | | |
|---|----------|
| <input type="radio"/> Presenting | \$25,000 |
| <input type="radio"/> Platinum | \$15,000 |
| <input type="radio"/> Gold | \$10,000 |
| <input type="radio"/> Silver | \$5,000 |
| <input type="radio"/> Bronze | \$2,500 |
| <input type="radio"/> Patron | \$1,000 |
| <input type="radio"/> We would like to make a contribution of | \$ _____ |
| Total | \$ _____ |

SPONSOR INFORMATION

Company/Individual _____

Contact Name _____

Address _____

City _____

State/Zip _____

Phone _____

Fax _____

Email _____

Please indicate exactly how you would like your name to appear on the recognition materials.

Please email your high resolution logo in a jpg, eps, or pdf format to stuttle@lifespan.org by March 11, 2024

METHOD OF PAYMENT

- Please invoice me
- Check is enclosed for \$_____.
(Payable to Rhode Island Hospital Foundation)
- Credit Card (Choose Type)
- Visa MasterCard American Express Discover

Name on card _____

Card Number _____

Expiration Date _____ 3/4 Digit Code _____

Signature _____

Date _____

MAIL TO

Rhode Island Hospital
Hasbro Children's Hospital
Development Office
P.O. Box H
Providence, RI 02901

REGISTER ONLINE AT

thedayofgiving.org

QUESTIONS

Shannon Tuttle
Sr. Development Events Officer
401-444-4675
stuttle@lifespan.org

By agreeing to sponsor or donate to the event, you also agree that if the event is canceled due to circumstances beyond our control, then your pledge commitment will be designated as a donation to Rhode Island Hospital for its general use and purposes. Alternatively, if you would like to arrange for a refund of your gift or a repurposing of your gift, please contact Shannon Tuttle at stuttle@lifespan.org or 401-444-4675 within ten business days of the event's cancellation notice.