



THE FLOATING HOSPITAL



## SPONSORSHIP FORM

### Please select your Sponsorship Level:

<input type="radio"/> <b>PRESENTING</b>	\$25,000	<input type="radio"/> VIDEO	\$10,000
<input type="radio"/> <b>EMMA</b>	\$10,000	<input type="radio"/> PRINT	\$7,500
<input type="radio"/> <b>HELEN</b>	\$7,500	<input type="radio"/> ENTERTAINMENT	\$3,000
<input type="radio"/> <b>LLOYD</b>	\$5,000	<input type="radio"/> MEDIA	\$3,000
<input type="radio"/> <b>LILA</b>	\$2,500	<input type="radio"/> WINE	\$3,000
<input type="radio"/> <b>CAPTAIN</b> ( <i>individual level</i> )	\$1,500	<input type="radio"/> SPIRITS	\$3,000
		<input type="radio"/> PHOTO BOOTH	\$3,000

### Method of payment

Enclosed is my check *Make payable to The Floating Hospital Foundation*

Invoice me

Charge my credit card

Amex

Visa

Mastercard

Discover

Credit card number

Expiration date

Name/Company

Billing address

City

State

Zip

Email

Phone

Name (*as you would like it to appear on event materials*)

I will not be able to attend. Please donate my tickets.

**Deadlines: Sponsorship agreement must be received by March 13, 2020 to be included in the invite; by May 1, 2020 to be included in the program.**

### Please send this form to:

The Floating Hospital Summer Soirée, P.O. Box 3391, New York, NY 10163-3391, ATTN: Ann-Louise Lipman  
or email to: [alipman@thefloatinghospital.org](mailto:alipman@thefloatinghospital.org)

For more information: Ann-Louise Lipman at [alipman@thefloatinghospital.org](mailto:alipman@thefloatinghospital.org) or 917-742-9820