

SPONSOR COMMITMENT FORM



Business Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ ST _____ Zip _____

Email _____

Phone _____ Fax _____

Your Commitment Level _____ Gold (\$1,000) _____ Silver (\$500) _____ Bronze (\$250)

Do you want Booth Space _____ Yes _____ No *Booth space is 10' x 10' (max). Vendors will provide tent, tables, etc. Electricity is not available*

Will you have a team _____ Yes _____ No [Deadline for Free Registrations: Friday, June 3, 2016](#)

Team Name _____ Team Captain _____

Team Captain Email _____ Team Captain Phone _____

PAYMENT

By Check

Payable to: **Holy Cross Hospital**
Mail to: Holy Cross Hospital Gift Office
1397 Weimer Road
Taos, NM 87571

By Credit Card

Payment by Credit Card can be made in one (1) or two (2) installments. Please provide the information below.



Card # _____

Expiration Date _____ Security Code _____

Name on Card _____ Phone _____

Billing Address _____

City _____ ST _____ Zip _____

I authorize Taos Health System/Holy Cross Hospital to charge the credit card indicated above for my Sponsorship of the 2016 For the Health of It! Walk/Run. I authorize my card to be charged in the following installments:

Charge #1 Date [Today's Date] _____ Amount _____

Charge #2 Date [June 1, 2016 or before] _____ Amount _____

AUTHORIZATION

Signature _____ Date _____

— HCH Use Only —

Payment type _____ Check # _____ Amount Paid _____

E-Mail Confirmation _____ Logo _____ Entered Raiser's Edge _____ Booth Assignment _____

