

# UNC Health Nash Foundation 25th Anniversary Host Sponsor Pledge Form

Name:

\_\_\_\_\_ (Please list name how you would like it to appear on printed materials)

Address:

City/State/Zip:

Phone:

Email:

**I would like to support UNC Health Nash Foundation at the following level:**

- \$2,500 as a 25th Anniversary Host Sponsor
- I would like to pay in full
- I would like to pay in three equal payments to be paid in full by November 30th

**Benefits include:** Picnic for Four at Picnic at the Mills, Four tickets to Blue Jeans and BBQ with reserved seating, Four tickets to the Benefit Gala with reserved seating, and name recognition on invitations, printed materials and Foundation Wall of Honor

**I am not able to commit to a full year at this time. I would like to show my support by sponsoring Picnic at the Mills at the following level:**

- \$500 Host Sponsor

**Benefits include:** Picnic for Four at Picnic at the Mills and name recognition on invitations, printed materials and Foundation Wall of Honor

**I would like to make an additional gift or I am not able to participate at this time but please accept my gift of:**

\$ \_\_\_\_\_

- My check, payable to UNC Health Nash Foundation is enclosed
- Invoice me at the above address
- Charge my credit card

Number: \_\_\_\_\_ exp date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please send form by March 1st included on invitations.**

Nash UNC Health Care Foundation  
2460 Curtis Ellis Drive  
Rocky Mount, NC 27804

Questions: Kathleen Fleming 252.962.8583 or [kathleen.fleming@unchealth.unc.edu](mailto:kathleen.fleming@unchealth.unc.edu)

\*\*\*Please note that Host Sponsorships are for individuals, couples, and families. They are also separate from any Board Gift and/or Medical Staff Giving Society donations. Please reach out to the Foundation if you are interested in Corporate Sponsorship Opportunities\*\*\*