

# Sponsor Registration Form

Tampa General Hospital Foundation's 14th Annual *Moments in Time* Gala

Saturday, May 7, 2011 • 7:30 p.m.

Hyatt Regency Tampa, Downtown Tampa

Please fax completed form to (813) 254-0428 by April 4, 2011 or mail to:  
TGH Foundation • P.O. Box 1289 • Tampa, FL 33601-1289

Donor Type  Corporation  Individual  Foundation

Donor Listing (for signage) \_\_\_\_\_

Main Contact \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Sponsorship Levels

**Admiral** - \$15,000  **Captain** - \$10,000  **Commander** - \$5,000  **Lieutenant** - \$1,500  **Ensign** - \$500

I am unable to attend but would like to support the TGH Foundation with a contribution of \$ \_\_\_\_\_

## First Name Drawn Wins!

Please join us for the excitement of a Chance Drawing with a grand prize of **\$10,000**.

Only 500 tickets will be sold. Need not be present to win.

I wish to purchase \_\_\_\_\_ Chance Drawing tickets at \$100 per ticket.

## Payment Information

Enclosed is my check made payable to Tampa General Hospital Foundation.

Please charge my (check one):  MasterCard  Visa  American Express  Discover

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address for credit card \_\_\_\_\_

Signature \_\_\_\_\_

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