

PEARLS AND PROHIBITION: A ROARING GOOD TIME

SPONSOR INFORMATION

Sponsored by: (used for digital and print media)		
Contact Name:		
Address:		
Phone Number:		
Email Address:		
<p>Please submit a high-resolution corporate/organization logo to: foundation@umcelpaso.org</p>		
<p>We commit to sponsor the 2025 University Medical Center Foundation of El Paso Pearls and Prohibition Signature event at the following level:</p>		
Selection	Selection of Sponsorship Opportunity	Commitment
	The Gatsby- Gold Title Sponsorship	\$35,000
	The Capone-Silver Sponsorship	\$30,000
	The Armstrong-Bronze Sponsorship	\$25,000
	The Dempsey-VIP Booth Sponsorship	\$15,000
	The Roxy	\$10,000
	The Fitzgerald	\$ 7,500
	The Dillinger	\$ 5,000
	The Chaplin	\$ 3,500
	We are unable to attend but would like to make the following donation to the UMC Foundation of El Paso:	\$ _____

Please return this form by email to: Foundation@umcelpaso.org
or by mail to:

University Medical Center Foundation of El Paso
303 N. Oregon St., Suite 1200, El Paso, Texas 79901



**UNIVERSITY
MEDICAL CENTER
FOUNDATION OF EL PASO**

BILLING INFORMATION

Check

Credit Card

Invoice

To pay by Check:

Check # _____

Amount: _____

Date Rcvd: _____

*Please make checks payable to:
University Medical Center Foundation
of El Paso*

One Time Payment

Bill over three months

To pay by Credit Card:

Name as it appears on CC: _____

CC#: _____

Exp: _____ CCV: _____ Billing Zip Code: _____

We accept VISA, MasterCard, American Express, and Discover.

One Time Payment

Bill over three months

To pay by Invoice:

Bill to Name: _____

Address: _____

Phone Number: _____

Email Address: _____

One Time Payment

Bill over three months

Commitment Signature: Date:

Sponsorship Secured by: Date:

Received/Processed by: Date:

Tax Letter Sent by: Date:

Foundation Information

Notes: _____