



UNIVERSITY
MEDICAL CENTER
FOUNDATION OF EL PASO

Cancer Care Fund

SPONSORSHIP OPPORTUNITIES

CONTRIBUTOR INFORMATION (personal information will be kept confidential)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

DONATION

___ Title Sponsor \$10,000 ___ Caring Hands \$5,000

___ Other Pledge in the amount of \$ _____ ___ one-time (OR) ___ monthly

METHOD OF PAYMENT

___ Check enclosed. Please make checks payable to "UMC Foundation of El Paso"

Please bill my credit card: ___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

Card Number: _____ Exp. Date: _____ CVV Code: _____

Amount: \$ _____

Name as it appears on card: _____

Billing Address (if different above) _____

Please indicate number of persons in your party that require a vegan dinner _____

Signature

Date

This document is a binding contract between University Medical Center Foundation of El Paso and the bearer of this signature. UMCF is a 501 (c)(3) not-for-profit organization. Contributions are tax-deductible to the extent allowed by law.



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TICKETS AND TABLES

CONTRIBUTOR INFORMATION (personal information will be kept confidential)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Purchase _____ Ticket(s)/\$125 each _____ Table for eight/\$1,000

I cannot attend the event, but would like to make a donation for the Cancer Care Fund:

____ Other Pledge in the amount of \$ _____ one-time (OR) _____ monthly

METHOD OF PAYMENT

____ Check enclosed. Please make checks payable to "UMC Foundation of El Paso"

Please bill my credit card: ___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

Card Number: _____ Exp. Date: _____ CVV Code: _____

Amount: \$ _____

Name as it appears on card: _____

Billing Address (if different above) _____

Please indicate number of persons in your party that require a vegan dinner _____

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