



2018 Gala Sponsor Information

Company Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email Address:		
Yes, we want to support Lawrence General Hospital and the 2018 Legacy of Caring Gala:		
<input type="checkbox"/> \$50,000 Presenting Sponsor		
<input type="checkbox"/> \$25,000 Platinum Sponsor		
Signature:	Date:	
Sponsorship Payment:		
<input type="checkbox"/> Enclosed is a check made payable to "Lawrence General Hospital"		
<input type="checkbox"/> Please invoice me (payment due by August 1, 2018)		
<input type="checkbox"/> If you would like to pay by credit card, please call 978-946-8121		
Presenting Sponsor Guests (seating for 10):		
Platinum Sponsor Guests (seating for 10):		

Please return this form at your earliest convenience, by no later than August 1, 2018.
Thank you for supporting Lawrence General Hospital's mission of providing high-quality, high-value health care, close to home.

So good. So caring. So close.