



COLLINS CHAPEL CONNECTIONAL HOSPITAL

**Mail completed form to:
Collins Chapel Connectional Hospital Celebration Banquet c/o Trust Marketing
44 N. 2nd Street, Suite 800, Memphis TN 38103-2231 or FAX to 901-521-.0901 or EMAIL to
aynsleyclark.trust@gmail.com
Call 901.521-1300 for more information.**

Sponsorship Reservation Form

Contact Name: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

ORGANIZATION NAME TO APPEAR IN PROGRAM:

PAYMENT INFORMATION (NOTE – Credit card charges will be assessed a 2% handling fee):

____ Visa ____ MC ____ AMEX ____ Discover ____ *Check ____ Bill Us *(Corporate/Organization Sponsors Only)*

*Make check payable to _____

Card # _____ Expiration: ____ / ____

Signature: _____

Name on Card (Please print): _____

Billing Zip Code: _____

Platinum		\$25,000	
Gold		\$10,000	
Silver		\$5,000	
Ruby		\$3,000	
Table		\$1,500	
Individual Ticket		\$150	
Total Due for Sponsorships			