



Caring for You at **CHRISTMAS**

Together we make a difference.

Physician Sponsors

Exclusive opportunity for providers

Your \$1,000 Physician Champion Sponsorship includes:

- Physician-exclusive signage at event
- Physician recognition in program
- Physician recognition in digital presentation and social media

Your \$500 Caring Partner Sponsorship includes:

- Physician recognition in program
- Physician recognition in digital presentation and social media



A member of  **SSMHealth.**



Name: _____

Address: _____

City: _____

State: _____ Zip: _____

- ☐ I would like to be a Physician Champion Sponsor for \$1,000.
- ☐ I would like to be a Caring Partner Sponsor for \$500.
- ☐ I would like to make a donation in place of a sponsorship: \$_____
- ☐ Please invoice me.
- ☐ Check made payable to:
Agnesian HealthCare Foundation

Please return by November 13, 2026.



A member of  **SSMHealth.**