Caring for You at CHRISTMAS

Together we make a difference.

SATURDAY, DECEMBER 5 • 10 AM • WHISPERING SPRINGS GOLF CLUB • FOND DU LAC

Sponsorship Information Form

Contact Name: _____

Telephone Number: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

- ❍ **Diamond Sponsor ($5,000)** - Includes eight seats to the luncheon, premium table wine, and recognition at the event and on social media.
- ❍ **Platinum Sponsor ($2,500)** - Includes eight seats to the luncheon and recognition at the event and on social media.
- ❍ **Gold Sponsor ($1,500)** - Includes four seats to the luncheon and recognition at the event and on social media.
- ❍ **Silver Sponsor ($500)** - Includes recognition at the event and on social media.
- ❍ **Donation** - I would like to make a donation to support the Caring for You at Christmas holiday luncheon event.
- ❍ **Luncheon ($50/person)** - I am interested in purchasing seats for the luncheon. Turn over page to add attendee names.

Please check the method of payment below:

- ❍ Invoice my company.
- ❍ Make checks payable to: Agnesian HealthCare Foundation

The Agnesian HealthCare Foundation is a 501(c)3 organization. Financial statements of the Agnesian HealthCare Foundation for the most recent fiscal year are available by contacting the Foundation office. Your sponsorship dollars, minus the complimentary lunch reservations, may be a tax deduction. Please contact your tax advisor.

Please return this form by November 13, 2026, to be included in marketing materials.

givetossmhealth.org/CaringForYou

Please turn over to complete the form.

Agnesian HealthCare Foundation, Inc.
A Partner in Caring
A member of SSMHealth.

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Attendee List

Please fill in for each person attending.

Name: _____
Phone: _____
Email: _____
Address: _____
City/State/Zip: _____

Name: _____
Phone: _____
Email: _____
Address: _____
City/State/Zip: _____

Name: _____
Phone: _____
Email: _____
Address: _____
City/State/Zip: _____

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Address: _____
City/State/Zip: _____

Name: _____
Phone: _____
Email: _____
Address: _____
City/State/Zip: _____

Name: _____
Phone: _____
Email: _____
Address: _____
City/State/Zip: _____

Email **Michelle.Schmitz@ssmhealth.com** with any special food considerations.

AGNESIAN HEALTHCARE FOUNDATION, INC.
A PARTNER IN CARING
A member of SSMHealth.