



2018 Sponsorship Agreement

YES! I/we will support the 2018 Festival of Trees at the following level:

- | | | | |
|--|----------|--|---------|
| <input type="checkbox"/> Presenting Sponsor | \$25,000 | <input type="checkbox"/> Garland Sponsor | \$1,000 |
| <input type="checkbox"/> Reindeer Sponsor | \$10,000 | <input type="checkbox"/> Holly Sponsor | \$500 |
| <input type="checkbox"/> Jingle Bell Sponsor | \$5,000 | | |
| <input type="checkbox"/> Star Sponsor | \$2,500 | | |

exclusives

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mobile Bidding \$7,500 | <input type="checkbox"/> Santa & Me \$5,000 | <input type="checkbox"/> Valet \$5,000 | <input type="checkbox"/> Mascot Madness \$2,500 |
| <input type="checkbox"/> Santa's Workshop \$5,000 | <input type="checkbox"/> Apparel \$5,000 | <input type="checkbox"/> Boxes & Bows \$5,000 | <input type="checkbox"/> Jingle Bags \$1,500 |
| <input type="checkbox"/> Drink and Be Merry \$5,000 | <input type="checkbox"/> Red Carpet \$5,000 | <input type="checkbox"/> Tree Delivery \$2,500 | |

Please print or type how you would like your partnership to be recognized in all promotional materials.

Name (as it should appear in print) _____
 Company name (if applicable) _____
 Contact person _____ Contact phone _____
 Email _____
 Mailing Address _____
 City, State, Zip _____
 Facebook _____ Twitter _____ Instagram _____

How many years have you partnered with Festival of Trees? _____

Why do you choose to support Children's Hospital through Festival of Trees? _____

Do you have a Children's Hospital story to share? _____

Please choose a payment method:

- Send a payment reminder.
 Our check is enclosed. (Payable to Palmetto Health Foundation/Festival of Trees)
 Charge to this credit card number # _____
 Name on card _____
 Card Type _____ Expiration Date _____
 Authorized Signature _____ Today's Date _____

If applicable to your sponsorship, please submit your logo to Priscilla.Young@PalmettoHealth.org by Sept. 30. Please send hi-res and lo-res files in both color and black and white (JPG, GIF, EPS).

<p>Early payment incentive! Garland level sponsors and higher will receive two additional auction preview tickets if payment is received by 9/7/18.</p>	<p>Return form by October 19, 2018 to: Priscilla Young, Palmetto Health Foundation 1600 Marion Street, Columbia, SC 29201 Fax: (803) 434-2815 Phone: (803) 434-6021 Priscilla.Young@PalmettoHealth.org</p>
--	---

CERTIFICATION TO POTENTIAL PARTNERS/DONORS: Palmetto Health Foundation appreciates your consideration of a partnership/donation to Palmetto Health Foundation. Whether or not you decide to be a partner or donor to Palmetto Health Foundation will not impact the business decisions made by the staff and administration of Palmetto Health in awarding contracts or bids.

Palmetto Health Foundation signature _____
 Title _____ Date _____

Vendor signature _____
 Title _____ Date _____