THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Hall of Fame Sponsor Commitment Form

SPONSORSHIP LEVEL

SPONSOR INFORMATION

Sponsor Name

Recognition Name: how to recognize publicly / prefer to remain anonymous

Address	City	\$	State	ZIP
CONTACT INFORMATION				
Primary Contact Name		Detail Contact Nar	ne (if different th	an Primary)
Title		Title		
Email		Email		
Phone		Phone		

PAYMENT INFORMATION

Email invoice to:

Payment notes: invoice needed on specific timeline, pay in multiple installments, etc.

Goods or services will be provided in consideration of this event sponsorship unless alternate arrangements are made with staff. Benefits will be honored, and tickets sent upon receipt of payment. All sponsorships include tax-deductible charitable contribution and are non-refundable, including in the case of inclement weather. An acknowledgment letter with tax deductibility will be mailed within 2-3 business days of receiving payment.

Please complete all fields, sign and return to HallOfFame@KUMC.edu to secure your spot as a sponsor and ensure inclusion in marketing materials.

Name	Title
Signature	Date