Benefiting

The Christ Hospital Health Network

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☐ **DIAMOND SPONSOR** at the $75,000 level

☐ **PLATINUM SPONSOR** at the $50,000 level

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_____ (qty.) ticket(s) at $500 ea.
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☐ **Check enclosed** in the amount of $ _____
Check made payable to The Christ Hospital Foundation.

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Signature _____ Date _____

We are unable to be a sponsor, but please accept a donation in the amount of $ _____

Visit TheChristHospital.com/Gala to complete your transaction online.

THANK YOU FOR YOUR SUPPORT

KINDLY RETURN THIS FORM
TO ENSURE LISTING IN THE PROGRAM AND EVENT PUBLICITY.

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For more information about sponsorship opportunities, please contact Lindsey Zahner at **513-585-2187** or **Lindsey.Zahner@TheChristHospital.com**

The Christ Hospital™ Foundation

TheChristHospital.com/Gala