



## 2018 Sponsorship Form Eastern CT Event: May 3, 2018

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsorship Program - please check one

_____ Official Sponsor	\$5,000	Full-page ad (5 x 8)
_____ Benefactor	\$2,500	½ page ad (5 x 4 horizontal)
_____ Patron	\$1,000	¼ page ad (2 ½ x 4 vertical)
_____ Supporter	\$500	1/8 page ad (2 x 2 ½ horizontal)
_____ Friend	\$100	Listing in Program Book

**If sponsorship level includes ad, please submit camera-ready ad as an electronic file to [jlinicus@lmhosp.org](mailto:jlinicus@lmhosp.org) by March 23, 2018.**

Please print name clearly for sponsorship acknowledgement as it should appear in publication.

Name: \_\_\_\_\_

Payment enclosed: Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please call Jackie Lincus if you have any questions.

Please submit to:  
Lawrence + Memorial Hospital  
Attn: Jackie Lincus  
365 Montauk Avenue  
New London, CT 06320  
860-442-0711 ext. 2210 Fax: 860-444-3790  
Or email to [jlinicus@lmhosp.org](mailto:jlinicus@lmhosp.org)