KCMS Donation Form

Kitsap County Medical Society
PO BOX 490
Silverdale, WA 98383
O: 360.689.2928
kcmsmed@gmail.com www.kcmedical.org

DONOR (One donor name per form, please.)

(Name as it should appear in print materials including blank boxes between words, etc. 35 total characters/boxes maximum)

SPONSOR CONTACT INFORMATION

Last Name	First Name	Middle Initial	Title (Mr., Ms., Mrs., etc)
Mailing Address			
City		State	Zip

Home/Work	Cell	Fax	Email

EVENT SPONSORSHIP OR AUCTION ITEM INFORMATION/DONATION

Item name & Description ☐ Check if restrictions apply (and list below or continue on back) | Value: $ _____. ____

____ Donation or Raffle item to support the May 4, 2019 85th Annual Med. Society Spring Gala
____ Donation to be a Major Sponsor at the May 4, 2019 85th Annual Med. Society Spring Gala

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____ $250.00 Silver Sponsorship: Business Logo on event materials & website
____ $500.00 Gold Sponsorship: Includes two event tickets, Business Logo on event materials & website
____ $1,000.00 Platinum Sponsorship: Includes four event tickets and Business Logo on event materials, website & stage recognition
_____$2,500.00 Out of this World! Major Sponsor: Includes eight event tickets and top-tier PR and Marketing

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Thank you to our Annual Giving and Event Sponsors thus far: CHI Franciscan, Kitsap Physical Therapy, Kitsap Bank, CASH Brewing, Kitsap OB/GYN, West Sound Emergency Physicians, Kitsap Credit Union, In Health Imaging

Is there more than one donor for this item? ☐ No ☐ Yes (if so, please list out all names on this form)

Item is: ☐ To be delivered or mailed ☐ To be picked up at/when:_____

FINANCIAL CONTRIBUTION/MAJOR SPONSORSHIP PAYMENT INFORMATION

Amount: $ _____.____ ☐ VISA ☐ MASTERCARD ☐ AMEX

Card No: Security code:_____ Exp Date: _____/_____/20____

Name on Card: Signature:

I agree to donate the above to the Kitsap County Medical Society Foundation. Your donation is tax deductible under the KCMSF Tax ID No. 91-2089484. Please consult with your financial advisor as to the tax deductible benefits of your donation.

Signature	Date

FOR PROCUREMENT/OFFICE USE ONLY

Procured by	Date Received
	Rcvd: _____ **Item Number:** _____

Please return Form to: Kitsap County Medical Society ~ KCMS -PO BOX 490 ▪ Silverdale, WA 98383 ▪ Ph: (360) 689-2928 ▪