KCMS TREE SPONSOR FORM

THE NIGHTMARE BEFORE CHRISTMAS
Saturday November 18, 2017
Kitsap Golf & Country Club

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

DONOR NAME:

(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	Phone:	Email
Mailing Address			
City		State	Zip

	Cell	Fax	

TREE SPONSOR ORDER FORM ~ Deadline for ordering/sponsoring October 18, 2017
Tree Decorating Day: 8:30 AM – 6 PM ~ Friday November 17th at the Kitsap Golf & CC
Final Tree Decorating Touches – 10:00 AM – 1PM ~ Saturday November 18th

TREE ORDER PRICE:
$ _____. ____

☐ **$500.00 JINGLE BELL ~ Tree Sponsor** ~ **7'** Pre-Lit Classic Blue Spruce Artificial TREE

*****Included with Tree Sponsorship*: Set up of tree at the venue site, 10 x 10 private tree decorating space, event signage in front of tree including tree name and tree sponsor, sponsor name included in event materials and on the KCMS website. Recognition of sponsor during live auction, photo of tree with sponsor name in the KCMS Communiqué, TWO event gala tickets

*** *Tree Sponsor Commitment:* Tree sponsor is responsible for payment of tree order by 10.18.17. Sponsor is also responsible for sponsorship and management of tree design, ornaments and any gifts or décor to accompany their tree

APPROX. TOTAL VALUE OF TREE $_____TREENAME/THEME:_____
BRIEF DESCRIPTION OF TREE & WHAT IT INCLUDES:_____

☐ **$2,000.00 + SLEIGH BELL ~ Tree Sponsor** ~ **7'** Pre-Lit Classic Blue Spruce Artificial TREE

Sponsor provides a min. of $2,000.00 and a 7' tree will be created/decorated by a professional design team in the sponsors name. All PR/Marketing & Gala ticket benefits are the same as with the Jingle Bell Tree Sponsor
TOTAL Gifted by Sponsor to create a tree in their business name $_____
******Special Requests/Comments:_____

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

PLEASE RETURN FORM TO: KCMS ~ PO BOX 490 ~ SILVERDALE, WA 98383

FINANCIAL CONTRIBUTION/TREE SPONSORSHIP

If making a financial contribution, please enclose a check or complete the credit card information below:

Amount: $ _____.___ ☐ VISA ☐ MASTERCARD ☐ AMEX		
Card No:	Security code:_____	Exp Date: _____/_____/20____
Name on Card:	Signature:	

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