



SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

2010 KEY TO THE CURE™

Kick-off Event • Thursday, October 21, 2010 • Saks Fifth Avenue Chevy Chase
Registration/Sponsorship Form

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Diamond Sponsor \$10,000 (Tax deductible \$8,060)

- 30 tickets
- 15 *Keys to the Treasure*
- Full page acknowledgment in program (4 3/4" x 7 1/4") _____

Platinum Sponsor \$5,000 (Tax deductible \$3,640)

- 20 tickets
- 12 *Keys to the Treasure*
- Full page acknowledgment in program (4 3/4" x 7 1/4") _____

Gold Sponsor \$2,500 (Tax deductible \$1,820)

- 10 tickets
- 6 *Keys to the Treasure*
- Half page in program (4 3/4" x 1 3/4") _____

Silver Sponsor \$1,000 (Tax deductible \$612)

- 6 tickets
- 3 *Keys to the Treasure*
- Listing in program _____

Pink Sponsor \$500 (Tax deductible \$392)

- 4 tickets
- 3 *Keys to the Treasure*
- Listing in program _____

Individual Tickets @ \$75 each (Tax deductible \$27) _____

Additional Keys @ \$50 each or 3 for \$100 (not deductible) _____

I can't attend but here is my donation _____

Total Enclosed \$ _____

Sponsor checklist:

- Make a copy of this form for your records.
- Send company logo, electronically, in black and white (.pdf or .jpg format) for the program to rbull@suburbanhospital.org by October 1, 2010.
- In lieu of logo, please use the company name as follows in the program:

The names of those attending the Kick-off Party are as follows:

Representative's Signature _____ Date _____

Printed name of Representative _____

- Indicate payment type below:

Payment Information

- Sponsorship check is enclosed, payable to Suburban Hospital Foundation.
- I will send my Sponsorship support by _____.
- Please invoice our company.
- I am paying by credit card. Information is completed below.

Credit Card Information:

AMEX _____ Visa _____ MasterCard _____ Discover _____

Credit Card Number _____ Exp. Date ____/____

Name as it appears on your card _____

Signature _____

Mail to
 Suburban Hospital Foundation
 8600 Old Georgetown Road
 Bethesda, MD 20814

Questions: Call the Foundation Office, 301.896.3971. You may e-mail your scanned registration to rbull@suburbanhospital.org or fax to 301.896.7894.