



## SPONSORSHIP INFORMATION

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Sponsor Name/Company Name (as it should appear in printed materials)

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Sponsor Contact Name

Other Contact Name

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Address

City

State

Zip Code

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(      )

(      )

Contact #

Fax

Email Address

## SPONSORSHIP COMMITMENT LEVEL

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\$10,000+ PREMIERE SPONSOR

Amount: \$\_\_\_\_\_

\$5,000-\$9,999 SPECTRUM LEGEND

Amount: \$\_\_\_\_\_

\$2,500-\$4,999 COMMUNITY CHAMPION

Amount: \$\_\_\_\_\_

\$1,000-\$2,499 AUTISM AVENGER

Amount: \$\_\_\_\_\_

\$500-\$999 HERO AMBASSADOR

Amount: \$\_\_\_\_\_

CUSTOMIZABLE OPTIONS are available and listed in sponsorship packet.

Please return this form with your contribution to: GCMSA, P.O. Box 26658, Greenville SC 29616  
For questions, please contact [alliance@gcmsa.org](mailto:alliance@gcmsa.org)

**Thank you for supporting the Greenville County Medical Society Alliance**  
The GCMSA is a registered 501(c)(3) nonprofit organization, **Federal Tax ID 57-0790743**  
All contributions are tax-deductible as allowed by law.