



## SPONSORSHIP INFORMATION

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

Sponsor Contact Name

Other Contact Name

Address

City

State

Zip Code

( )

( )

Contact #

Fax

Email Address

## SPONSORSHIP COMMITMENT LEVEL

☐

\$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.