GCMSA
Greenville County Medical Society
ALLIANCE

***PRESENTS***

**FRIDAY, APRIL 5, 2024**
**FRONT PORCH HOUSING**
**1433 CLEVELAND STREET, GREENVILLE, SC**

## SPONSOR 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**

## SPONSOR COMMITMENT LEVEL

☐ **$10,000+ GRAMMY WINNER SPONSOR**

*Amount: $_____*

☐ **$5,000-9,999 ROCK STAR SPONSOR**

*Amount: $_____*

☐ **$2,500-$4,999 LEAD SINGER SPONSOR**

*Amount: $_____*

☐ **$1,000-2,499 GROUPIE SPONSOR**

*Amount: $_____*

☐ **$500-$999 ROADIE SPONSOR**

*Amount: $_____*

☐ **DONATION (Any Amount)**

*Amount: $_____*

*Please return this form with your contribution to: GCMSA, P.O. Box 26658, Greenville SC 29616*
*If you prefer someone to pick up the form & contribution or if you have any questions, please contact*
***Nicole Felkel at (336) 409-2014 or*** gcmsapresident@gmail.com **.**

***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.*