



How to Sponsor an Angel

Artist Sponsorships

_____ **Celestial Sponsor: \$250** Chose from a portfolio of Fine Art proposals submitted by some of the most well known artists in the area and have the first right of refusal to purchase the artwork at a set price prior to the live auction.

Name: *(as it will be listed in publicity)* _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Fax: _____ Email: _____

Name of Artist (if known): _____ Please notify us as soon as you have selected your artist.

Signature

Please print name and title

Date

Please fax pledge form to the Mercy Medical Development Office at (251) 621-4324. If you have questions, please call (251) 621-4884.

PAYMENT METHOD: payments due by November 20, 2008

___ Check enclosed: Make payable to Mercy Medical • Attn: Development Office • P.O. Box 1090 • Daphne, AL 36526

___ **(Corporate Sponsorships)** Check to follow. Please send an invoice.

___ Please charge my credit or debit card ___ Visa ___ MasterCard ___ Discover

Card number _____ Expiration date: _____/_____

Signature Panel Code (LAST # DIGITS ON BACK OF CARD) _____

Mercy Medical, a non-profit 501 (c)3 organization (Federal Tax ID #63-6002215)