



# A FARM TO TABLE EVENING

*Benefiting the Women's Health Clinic*

## Sponsorship Agreement

Name of Company/Individual \_\_\_\_\_  
(as you wish it to appear)

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Please select the desired level of sponsorship from the opportunities listed below.

\_\_\_\_\_ **125<sup>TH</sup> ANNIVERSARY HONOREE** **DONATION: \$6,500.00** (Tax deductible portion is \$5,100)  

- Reserved table for 8 people with a tableside visit from a guest chef
- Recognition on WAMMC website and in email communications with your corporate logo
- Recognition on Welcome Monitor and in evening program

\_\_\_\_\_ **EXECUTIVE CHEF** **DONATION: \$5,000.00** (Tax deductible portion is \$4,300)  

- Recognition on WAMMC website and in email communications with your corporate logo
- Recognition on Welcome Monitor and in evening program
- 4 tickets to Farm to Table Evening

\_\_\_\_\_ **SOUS CHEF** **DONATION: \$2,500.00** (Tax deductible portion is \$2,150)  

- Recognition on WAMMC website and in email communications with your corporate logo
- Recognition on Welcome Monitor and in evening program
- 2 tickets to Farm to Table Evening

\_\_\_\_\_ **SAUCIER** **DONATION: \$1,000.00** (Tax deductible portion is \$1,000)  

- Recognition on WAMMC website
- Recognition on Welcome Monitor and in evening program

\_\_\_\_\_ Check here if you wish to receive **NO** goods or services, making your entire contribution tax-deductible

\_\_\_\_\_ Check here if you wish your donation to be Anonymous

**PLEASE RESPOND BY APRIL 1, 2018. Make your check payable to WAMMC and enclose with this agreement.**

Questions: 973-971-5480  
or  
[KJohnson@atlantichealth.org](mailto:KJohnson@atlantichealth.org)

Send Agreement to: WAMMC - Morristown Medical Center  
Attention Karen Johnson  
P.O. Box 1956  
Morristown, NJ 07962-1956