



2025 Sportsmen's Saturday Sponsorship

Lexington Medical Center Foundation

Print your name as you wish it to appear on signage and announced at event.

Company	
Contact Name	
Address	
City, State, Zip	
Phone	
Email	
Levels	<p>Sponsors receive recognition on event website and on a banner at the event.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Presenting Sponsor - \$15,000 SOLD! <input type="checkbox"/> Bull's Eye - \$10,000 <input type="checkbox"/> Trophy - \$5,000 <input type="checkbox"/> Triumph - \$2,500 <input type="checkbox"/> Trail - \$1,500 <input type="checkbox"/> Trapper - \$1,000 <input type="checkbox"/> Target - \$500 <input type="checkbox"/> Champion - \$250 <p>All contributions are fully tax-deductible.</p>
Payment	<p>Select payment method:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enclosed is a check made payable to <i>Lexington Medical Center Foundation</i> <input type="checkbox"/> Contact me to take credit card information <input type="checkbox"/> Invoice me for payment

For questions, please contact **Linda Duffey** at **336-238-4559** or Linda.Duffey@advocatehealth.org.

Mailing Address: Lexington Medical Center Foundation - 100 Hospital Drive, Lexington, NC 27292