



Presented By



Table Sponsor Agreement

Company Name: _____

Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Signature: _____

Yes! We are pleased to support the March of Dimes, 2005 Nurses of the Year Awards on Saturday, November 12th at the following sponsor level.

\$ 1,500 –Table for10 (with seating for a finalist and their guest) or host entire table of Nurses

Recognition includes:

- Acknowledgement in program
- Sponsor signage on table

\$ _____ **Contribution.** I cannot attend but wish to help ensure that every baby has a healthy start in life.

- A check is enclosed. Please make checks payable to the March of Dimes.
- Please send an invoice for payment.

Please Mail or Fax to: **March of Dimes, Nurses of the Year Awards**
3550 N. Central Ave., Suite 610
Phoenix, AZ 85012
(602) 266-9793 Fax

For more information contact: **Kathie Gadberry, March of Dimes**
Telephone (602) 287-9923
Kgadberry@marchofdimes.com