

SPONSORSHIP CONFIRMATION

Sponsor Level

- Presenting Sponsor \$15,000
- Platinum Sponsor \$10,000
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- Post-Event Reception Sponsor \$ 7,500
- Silver Sponsor \$ 5,000
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- Photography Sponsor \$ 2,500
- Bronze Sponsor \$ 2,500
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Please Print or Type

Company Name _____

Contact Person _____

Address _____

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Enclosed is a check in the amount of \$ _____

made payable to National Kidney Foundation of Maryland

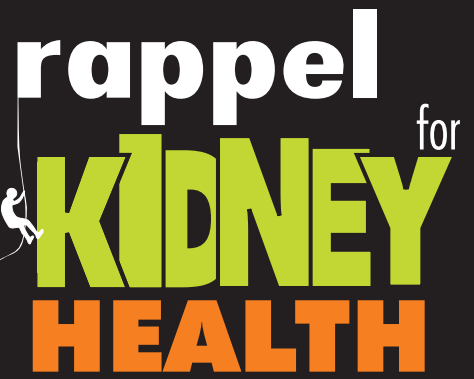
Please send me an invoice in the amount of \$ _____

Please charge my American Express Visa MasterCard Discover

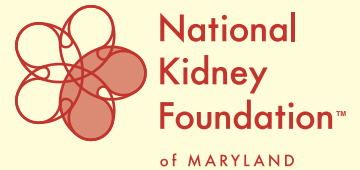
Card Number _____

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Presented by



Tentative Date

**Friday,
November 6, 2009**

*Your sponsorship/contribution is tax-deductible
to the fullest extent allowed by law.
Tax ID# 52-6069952.*

For more information contact:

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Director of Special Events
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kmeltzer@kidneymd.org
www.kidneymd.org

