

MARSHALL B. KETCHUM UNIVERSITY
Gala Celebration
Sponsorship Pledge Form

SATURDAY, APRIL 9, 2022
LYON AIR MUSEUM

Donor Name (for receipt purposes): _____

Contact Name (if different than donor name): _____

Recognition Name (for marketing materials): _____

Company: _____

Address (for receipt purposes): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPONSORSHIP:

Platinum (\$10,000) Gold (\$5,000) Silver (\$2,500) Bronze (\$1,000)

PLEASE DIRECT MY GIFT TO SCHOLARSHIPS FOR (choose one): SCCO SPAS COP Split my gift between the Colleges
OR University Eye Centers: Los Angeles Ketchum Health Anaheim

I AM UNABLE TO PROVIDE A SPONSORSHIP, PLEASE ACCEPT MY GIFT OF: \$ _____

PAYMENT OPTIONS:

Please accept my pledge and send a pledge reminder to secure payment. (Only available for sponsorships.)
Please sign and return this form. (Pledge payments must be completed by May 31, 2022.)

Signature: _____

Payment enclosed by check to MBKU. (Please include this form with check payment.)

Payment enclosed by credit card. (Please complete credit card information below.)

Visa MasterCard American Express Discover

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card #: _____ Expiration date: _____ / _____ CVV: _____

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM AND PAYMENT IN THE ENCLOSED ENVELOPE
OR EASILY PAY ONLINE AT KETCHUMGALA.ORG.**

For additional information, please email events@ketchum.edu