

Sponsorship Application

Thank you for your interest in partnering with us as an *event sponsor* or *scholarship donor*. Please fill out this form and email it back to us at SPGnurse25@gmail.com or mail your contribution with this completed form to the address below.

If you have any questions please contact Board President Tammy Williams, at 806-775-8521 or via email at tammy.williams@umchealthsystem.com.

Please complete the information below:

	Bronze Sponsor	\$500		Gold Spons	or	\$2500	
	Silver Sponsor	\$1000		Platinum Sp	onsor	\$5000	
Nursing Scholarship Donation (Bronze through Platinum sponsors will be sent a W9 from the Community Foundation of West Texas, a 501c3 organization contracted to manage nursing scholarships for SPG 25 Nurses)							
Name:							
Title:							
Organization:							
Address:							
Contact Email:							
South	Contribution enclosed (Make check payable to South Plains Great 25 Nurses)						
South Flams Great 25 Nuises		5)				tions may also be mailed to:	
	Please bill me / us	for the amou	ınt in	dicated		P.O. Box 16121	
					1	ubbock, TX 79490	