



South Plains
Great 25 Nurses

Sponsorship Application

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

Please complete the information below:

- | | | | |
|---|--------|---|--------|
| <input type="checkbox"/> Bronze Sponsor | \$500 | <input type="checkbox"/> Gold Sponsor | \$2500 |
| <input type="checkbox"/> Silver Sponsor | \$1000 | <input type="checkbox"/> Platinum Sponsor | \$5000 |
| <input type="checkbox"/> Other Amount | _____ | | |

(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 SPG25 Nurses)

Name: _____

Title: _____

Organization: _____

Address: _____

Contact Email: _____

Contribution enclosed (Make check payable to South Plains Great 25 Nurses)

Please bill me / us for the amount indicated

Contributions may be mailed to:

SP Great 25 Nurses

P.O. Box 16121

Lubbock, TX 79490