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:

□ Sapphire Sponsor $100 – Logo or Name and recognition in program

□ Emerald Sponsor $250 – Logo or Name and recognition in program

□ Bronze Sponsor $500- Logo or Name and recognition in program

□ Silver Sponsor $1,000- Logo and recognition in program, 2 tickets to the SPG25 Awards Dinner

□ Gold Sponsor $2,500- Logo and recognition in program, 4 tickets to the SPG25 Awards Dinner

□ Platinum Sponsor $5,000- Logo and recognition in program, 8 tickets (Table) to the SPG25 Awards Dinner

(Bronze through Platinum sponsors will be sent a W9 form)

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