



2009 Festival of Trees
 2010 Festival of Trees

EVENT SPONSORSHIP AGREEMENT

SPONSOR NAME AND WEBSITE (Please print/type as it should appear for publication.)

SPONSOR CONTACT AND ADDRESS

Sponsoring Business or Organization

Billing Contact Person: First and Last Name

Billing Mailing Address City/ST/ZIP

Billing Phone/ FAX/Email

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AUTHORIZED SIGNATURE: I agree to sponsor a tree as outlined in the Package indicated below I may use the decorator assigned to me or one that I elect to employ for this project but our tree will be decorated in accordance with the procedures and requirements for decorating a tree as outlined in the Festival Decorator Guidelines.

Signature & Date: _____

Title: _____

**For further information, please call Carrie Tingley Hospital Foundation 505-243-6626
or visit www.carrietingleyhospitalfoundation.org**

SPONSORSHIP OPTIONS (Please select one)

- Title Sponsor Level \$10,000
- Platinum Level \$5,000
- Gold Level \$2,500

PAYMENT METHODS:

Credit Card:

Cardholder Name: _____

Cardholder Address _____

Phone _____

Credit card is: Personal Corporate Credit Card

Type: VISA MasterCard American Express

Credit Card No.: _____

Expiration Date: _____ Authorization No.: _____

Authorized Signature: _____ Date: _____

Check – Please make checks payable to: Carrie Tingley Hospital Foundation.

All contributions gratefully accepted by Carrie Tingley Hospital Foundation, a non-profit 501(c)(3) organization, **Federal Tax ID #85-6012236**

Invoice Me – Payable within 30 Days. _____ Initial

Fax to: 243-7323 or scan agreement and email to pclark@cthf.net

For additional information regarding Festival of Trees and/or other sponsorship opportunities please contact:

Carrie Tingley Hospital Foundation
700 Lomas NE, Suite 204
Albuquerque, NM 87102
Telephone – 505-243-6626
www.carrietingleyhospitalfoundation.org

Please note: The Festival reserves the right to determine the appropriateness of both theme development and individual items under a tree.