UNC HEALTH.
Nash Foundation

SPONSORSHIP AGREEMENT

Partnership Levels

- ☐ $30,000 Presenting
- ☐ $20,000 Platinum
- ☐ $15,000 Gold
- ☐ $10,000 Silver
- ☐ $6,000 Bronze
- ☐ $3,000 Supporter
- ☐ $1,500 Friend

Contact Information

Sponsor Name:

Contact: Title:

Address:

City, State, Zip:

Phone: Email

Payment Method

- ☐ Invoice me at the above address
- ☐ Send information on ACH Payment
- ☐ Online payment at NashUNiF@uncheaton.org/partners
- ☐ Check made payable to UNC Health Nash Foundation

Payment Schedule

- ☐ The entire pledged amount will be paid in one payment
- ☐ Multiple payments are requested

Please indicate up to four payment dates with the last payment to be received by June 1, 2027

Date	Amount

Event Tickets

- ☐ We plan to use our allotted tickets for all three events
- ☐ We are unsure at this time if we will use all or some of our tickets
- ☐ We will not use any of our allotted event tickets

All events benefit the area of greatest need, unless otherwise specified by the Foundation

Authorization

Signature: Date:

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252.962.8583
NashUNCFoundation.org/partners