UNC HEALTH®
Nash Foundation

PATRON HOST SPONSOR PLEGE FORM

Donor Information

Name:

Please list name(s) how you would like it to appear of printed materials

Address:

City, State, Zip:

Phone:

Email

Date of Birth:

Date of Birth:

Birthdates are not required but we do like to be able to acknowledge our donors' birthdays!

☐ **I would like to partner with the UNC Health Nash Foundation as a Patron Host Sponsor with a pledge of $2,500**

Payment Method

☐ Invoice me at the above address

☐ Online payment at NashUNCFoundation.org/patrons

☐ Check made payable to UNC Health Nash Foundation

Payment Schedule

☐ The entire pledged amount will be paid in one payment

☐ Four equal payments with the full amount paid by June 30, 2027
Monthly payments are availabe if paying with credit card or payroll donation.

☐ **I am not able to commit to a full year at this time. I would like to support as an Event Host Sponsor for:**

- ☐ Soire 2027 $1,500 (includes four tickets)
- ☐ Pianos with a Purpose $500 (included four tickets)
- ☐ Blue Jeans and BBQ $500 (includes four tickets)

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

Authorization

Signature:

Date:

2460 Curtis Ellis Drive
Rocky Mount, NC 27804
jamel.pitt@unchealth.unc.edu
252.962.8143
NashUNCFoundation.org/patrons