HOLY FAMILY HOSPITAL
of Bethlehem Foundation

SPONSORSHIP FORM

Please indicate the amount of your generous gift. Each Sponsor Level includes 2 reserved seats.

____ **$25,000** Sponsors a Full 4-Year Scholarship for a young, Catholic student.

____ **$10,000** Sponsors the First 10 Days of Intensive Care for a micro-preemie in the NICU.

____ **$5,000** Sponsors a Mobile Medical Unit, bringing care to the poorest and most isolated.

____ **$2,500** Sponsors a Full Day of Care for babies in the NICU.

____ **$1,000** Sponsors Delivery Costs for One Mother and Her Baby.

Sponsor Name(s) _____

Address _____ City _____ State _____ Zip _____

How would you like your name to appear in our acknowledgements and in our program?

_____ ☐ Please list as *Anonymous*.

Payments by Credit Card:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number _____ Expiration Date (MM/YY) _____ CVC Code _____

Signature _____ Date _____

Please indicate RSVP status for Benefit Dinner: ☐ Will be attending ☐ Will not be attending

If attending, please list names as they should appear on dinner registration: _____

_____

Payments by Check: You may make your check out to ***Holy Family Hospital of Bethlehem Foundation***. Please remit to Al Abram, Event Chair, at St. Pius X Catholic Church, 2210 North Elm St., Greensboro, NC 27408 or contact Mr. Abram with any questions at (602) 300-0262 or aabram@stpiusxnc.com.

St. Pius X Catholic Church and Holy Family Hospital of Bethlehem Foundation are both registered 501(c)(3) organizations.
St. Pius X Catholic Church EIN 56-0554221 | Holy Family Hospital of Bethlehem Foundation EIN 52-2050117
Donations are tax-deductible according to current IRS guidelines.

THANK YOU.

ST. PIUS X
CATHOLIC CHURCH