



Sponsorship Commitment Form

Thank you for your interest in supporting the WhidbeyHealth Foundation as an event sponsor. Please complete the form below and submit it as soon as possible to secure your sponsorship. Should you have any questions or require assistance, please contact Rainy Simpson at 208-816-2439 or via email at simpsra@whidbeyhealth.org.

Contact Information:

Company/Organization Name: _____
Primary Contact: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____

Sponsorship Information:

Event: Annual Gala Tour de Whidbey Both
Sponsorship Level: Platinum Gold Silver Bronze Copper

Additional Information:

Please specify how your organization's name should appear in promotional materials:

Logo Submission: Email your logo in high-resolution format to simpsra@whidbeyhealth.org.

Payment Method:

Pay Via Check Check Enclosed Check to Follow Send Invoice

Mail Check: WhidbeyHealth Foundation | PO Box 641 Coupeville, WA 98239

Pay Via Credit Card Visa Mastercard American Express Discover

Name: _____ CCV/CVC: _____

Credit Card #: _____ Exp. ____/____

Acknowledgement of Sponsorship Commitment: By signing below, I confirm that our organization is committed to sponsoring the WhidbeyHealth Foundation and agree to the terms discussed.

Signature: _____ Date: _____