

The **5th annual SkiBENefit event** offers sponsors an opportunity to provide local cancer patients with financial support while they are in treatment. For additional information, contact Bernadette Rexford, Executive Director, Benedictine Health Foundation, (845) 481-1371 breford@bhfoundation.org

Please Indicate Your Sponsorship Level:

- | | | | |
|--------------------------|--------------------------|----------|---|
| <input type="checkbox"/> | Mountain Sponsor | \$ 3,000 | |
| <input type="checkbox"/> | Beverage Sponsor | \$ 2,000 | |
| <input type="checkbox"/> | Lunch Sponsor | \$ 1,500 | |
| <input type="checkbox"/> | Appetizer Sponsor | \$ 1,250 | |
| <input type="checkbox"/> | Trail Sponsor | \$ 1,000 | <input type="checkbox"/> General Donation \$ _____ |
| <input type="checkbox"/> | Lift Sponsor | \$ 500 | |

Please submit logos via e-mail no later than January 31 to: breford@bhfoundation.org / (845) 481-1371. Preferred file formats: eps, tif, or pdf. Please place "SKI 2023" in subject line.

Contact Name: _____

Company/Organization: _____

Mailing Address: _____

City: _____ **ST:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **E-Mail:** _____

My payment of \$: _____ **is:** Check Enclosed Invoice Requested

Make checks payable to: *Benedictine Health Foundation* and please write "SKI 2023" in the check memo space. Mail this sponsorship form, along with your payment to: **Benedictine Health Foundation, 144 Pine Street, Suite 220, Kingston, NY 12401.**

Please charge my: VISA MC AMEX Discover

Exp. Date: _____ **CSV #:** _____ (3 digits on back or AMEX 4 digits on front)

Credit Card Account #

PRINT Full Name of Cardholder

Cardholder's Signature

Address of Cardholder (if Different than Above)

If you wish to pay by credit card over the phone, please contact the Benedictine Health Foundation office at 845-481-1371 or donate online @ <https://secure.qgiv.com/for/skib/>

