

2026 SPONSORSHIP COMMITMENT FORM



Name: _____

Title: _____

Organization: _____

Billing Address: _____

Phone: _____ Email: _____

Guest Name Contact and Email: _____

Program Ad Contact and Email: _____

SPONSORSHIP LEVEL

\$20,000 – Legacy

\$5,000 – Gold

\$15,000 – Jubilee

\$2,500 – Silver

\$10,000 – Platinum

\$1,000 – Bronze

PAYMENT INFORMATION

My check is enclosed Please charge my credit card

Credit Card Number _____ EXP _____ CVV _____

Signature _____ Date _____

Please make checks out to Wood River Health and mail with this form to
Wood River Health, 823 Main Street, Hope Valley, RI 02832

Please direct questions to Sarah Channing, Development Director
at 401.207.6845 or SChanning@WoodRiverHealth.org

Thank you for supporting our 50th Anniversary!