

JOIN US AS WE CELEBRATE
THE 135TH ANNIVERSARY OF NEWPORT HOSPITAL AT
"A NIGHT IN OLD HAVANA"

SPONSOR REGISTRATION

Please respond no later than August 1, 2008

Yes, we would like to participate in the following category:

- | | |
|---|--|
| <input type="checkbox"/> Angels (\$50,000) | <input type="checkbox"/> ER Friends (\$10,000) |
| <input type="checkbox"/> Miracle Workers (\$25,000) | <input type="checkbox"/> Scrubs (\$5,000) |
| <input type="checkbox"/> Hospitalers (\$15,000) | <input type="checkbox"/> Candy Strippers (\$2,500) |

No, I/We cannot participate as a sponsor this year, but please accept the following contribution. \$ _____

Payment Information

- Please bill me. Invoice to the attention of: _____
- Check enclosed
Payable to: Newport Hospital Foundation (*attention: Newport Hospital Foundation - A Night in Old Havana*)
- Credit Card Please indicate: VISA MasterCard AMEX Discover
Number _____ 3 Digit Code _____ Expires _____
Name on Card _____
Signature _____

TOTAL AMOUNT: \$

Company Information

please complete all information.

Contact Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Email _____

Signage/Materials Information

Please PRINT EXACTLY how you would like your company name to appear on signage and/or materials in the space below.

PLEASE RETURN TO: Newport Hospital Foundation, 11 Friendship Street, Newport, RI 02840

QUESTIONS?

Call Lianne Pinheiro, Annual Giving Officer
PHONE: 401-845-1619 FAX: (401) 845-1033