



SWEDISH
 MEDICAL CENTER
 FOUNDATION

Extraordinary **care**. Extraordinary **caring**.SM

Corporate Partners Pledge Form

We are pleased to join the Corporate Partners program with an investment of:

- Corporate Ambassador - \$50,000
- Corporate Benefactor - \$20,000
- Corporate Sponsor - \$10,000
- Corporate Patron - \$5,000

Please direct our support to:

- The greatest needs of Swedish
- Other (please specify) _____

Method of payment (check one):

- Enclosed is our check for \$_____, payable to Swedish Medical Center Foundation.
 (Please note "Corporate Partner" in the check memo.)
- Please charge \$_____ to my AmEx Discover MC Visa

Card # _____ Expiration Date _____ CSC Code _____

Cardholder's Name _____

- Please send me an invoice. (If you prefer to be invoiced at a later date, please indicate the month you would like to receive an invoice: _____.)

Company Name (as you would like it listed in print materials) _____

Sponsorship Contact _____ Title _____

Email _____ Phone _____

Address / City / State / Zip _____

Signature (if filling out electronically, please type in name) _____ Date _____

Please send your company logo in high resolution, print-ready format to CorporatePartners@swedish.org.

Please return this form using the information below.

SWEDISH MEDICAL CENTER FOUNDATION

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