

## **SPONSORSHIP FORM**

Please help the Woman's Board fulfill their pledge to assist DKH with payment for the new da Vinci Robotic Surgical System.



### **Sponsor Name & Mailing Address**

Company or Individual: \_\_\_\_\_

Company Contact: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_



### **Donation Amount**

\_\_\_ \$500 or more - Diamond Level

\_\_\_ \$100 - Silver Level

\_\_\_ \$250 - Platinum Level

\_\_\_ \$50 - Bronze Level

\_\_\_ \$200 - Gold Level

\_\_\_ Less than \$50 - Friend Level

**Committee Member:** \_\_\_\_\_

Please make check payable to WBDKH.  
Mail form and check to:  
Linnea Sarantopoulos  
37 Tunk City Road  
Danielson, CT 06239  
860-377-7565

