

Sponsorship/ Donation Form

Please fill out this form and mail to
Grover C. Dils Medical Center
Attn: Lorelee Cheney
PO Box 1010
Caliente, NV 89008

Name: _____

Organization: _____

Phone: _____ Email: _____

- Gold \$1000
- Silver \$650
- Bronze \$350
- Hole \$100

***The following sponsorships have a limited amount being sold. Please call to check availability prior to submitting payment.**

- Contest* \$500
- Beverage Cart * \$300
- Hole-In-One* \$250
- Cart* \$200

Raffle Prize: _____

*Please indicate what you will be donating and if you will mail it or if we need to arrange for pick up.

Silent Auction: _____

*Please indicate what you will be donating and if you will mail it or if we need to arrange for pick up.

Other: _____

If you have any questions please contact Lorelee Cheney lcheney@gcdmc.org
775-726-8010

****Please make checks payable to Grover C. Dils Medical Center****