



Sponsor Confirmation Form

Thank you for your support of EvergreenHealth Monroe's
Blue Jeans & Boots Gala on September 12th, 2025.

- | | |
|--|---|
| ☐ \$15,000 Presenting Sponsor | ☐ \$3,000 Stage Coach |
| ☐ \$10,000 Maverick | ☐ \$1,500 Saloon |
| ☐ \$5,000 Silver Saddle | ☐ \$1,000 Underwriting |

Sponsor Name: _____

(note: All marketing material will use this name)

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ Zip: _____

Payment Options: Check or Credit Card **Credit Card Pay by Phone: 360-805-6304**

Name on Card: _____ Billing Address Zip: _____

Card Number: _____ Expires: _____ CSV: _____

Please let us know if you would like an invoice. Mail payments to:

EvergreenHealth Monroe Foundation
14701 179th Ave SE Ste. 204
Monroe, WA 98272

THANK YOU!

Please return to EvergreenHealth Monroe Foundation, 14701 179th Avenue SE #204, Monroe, WA 98272
Questions: 360-805-6304 or email monroefoundation@evergreenhealth.com