

ICE PROGRAM SPONSOR FORM 2008-2009

Thank you for your interest in sponsoring the ICE (In Case of Emergency) Program. All requests to donate must be on this form to receive benefits. Sponsorships are on a first come, first served basis. Please complete the information below and follow the instructions for submission.

Company Name: _____

Representative & Title: _____

E-mail Address: _____

Mailing Address: _____

City: State: Zip Code: _____

Website Address: _____

Phone: _____

Sponsorships

- \$50,000 EXCLUSIVE SPONSOR**
- \$10,000 PLATINUM SPONSOR**
- \$5,000 GOLD SPONSOR**
- \$2,500 SILVER SPONSOR**
- \$1,000 BRONZE SPONSOR**
- HONORARY DONOR Amount \$ _____**

Make Checks Payable to the: **LMHS-SHARE Club**
A portion, or all of your donation may be tax deductible. Please consult your tax advisor for details.

Mail to:
Attn: LMHS-SHARE Club
ICE Program Sponsorship
PO Box 2218
Fort Myers, FL 33902

Questions:
(239) 772-6298
teresa.frank@leememorial.org

(239) 533-3911
<http://www.leecountyinjuryprevention.org>

LEE MEMORIAL HEALTH SYSTEM FOUNDATION'S STATE REGISTRATION NUMBER IS CH14406. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.