



September 7-9, 2017 ♦ Ponte Vedra Inn & Club

**SPONSORSHIP CONFIRMATION**

COMPANY OR INDIVIDUAL NAME: \_\_\_\_\_  
(AS YOU WOULD LIKE IT TO APPEAR IN PRINT)

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: \_\_\_\_\_

I PLEDGE \$ \_\_\_\_\_ TO SPONSOR DELICIOUS DESTINATIONS 2017

MY CHECK IN THE AMOUNT OF \$ \_\_\_\_\_ IS ENCLOSED

PLEASE CHARGE \$ \_\_\_\_\_ TO THE FOLLOWING CREDIT CARD:

AMERICAN EXPRESS  MASTER CARD  VISA

CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ CVB CODE: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

PLEASE BILL ME

**Please fax or mail sponsorship information today!**

Make checks payable to: St. Vincent's HealthCare Foundation, Inc., P.O. Box 41564, Jacksonville, Florida 32204  
 Phone (904) 308-7306, Fax (904) 308-7996.

**An acknowledgment of receipt of your payment will be sent to you.**

Please print or type the names of those who will be attending Delicious Destinations 2017. Attach additional sheets if necessary.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Please note: The amount of the deductible contribution for federal income tax purposes is the excess of the amount given over the value of the goods or services provided by St. Vincent's HealthCare Foundation. Your donation includes goods and services as indicated. Please consult your tax advisor as to the deductibility of your donation. Your gift to St. Vincent's HealthCare Foundation is a tax deductible, charitable contribution under 501(c)(3). A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. THE TOLL FREE NUMBER IS 1-800-435-7352. THE INFORMATION IS FILED UNDER THE NAME OF ST. VINCENT'S HEALTHCARE FOUNDATION, INC. CH7824. Please write us at our address if you wish to have your name removed from the list to receive fund raising requests supporting St. Vincent's HealthCare Foundation in the future. In the event that you contact us with this request, all reasonable efforts will be taken to ensure that you will not receive any fund raising communications from us in the future.