



Sponsor Form—Please Return by Wednesday, November 3, 2021

Organization Name: _____


Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

 **Santa Clause Level - \$250.00—Please provide logo.**

 **Top Elf Level - \$100.00—Please provide logo.**

 **Rudolph Level - \$50.00**

Please return this form, along with your donation payable to Sparta Community Hospital, by **Wednesday, November 3, 2021**, to:

Sparta Community Hospital
Attn: Holiday Hustle
818 E. Broadway
Sparta, IL 62286