



**Sponsor Form—Please Return by Tuesday, October 31, 2023**

Organization Name: \_\_\_\_\_


Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

 **Santa Claus 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 **Tuesday, October 31, 2023:**

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