



**Sponsor Form—Please Return by Friday, November 8, 2024**

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

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

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

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

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

☐

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

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

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**Rudolph Level - \$50.00**

**Please return this form, along with your donation payable to Sparta Community Hospital, by Friday, November 8, 2024:**

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