SPONSORSHIPS SUPPORT THE EVENT AND PROVIDE SCHOLARSHIPS FOR MEDICAL STUDENTS

**MSIV - $25,000**
Cabell Huntington Hospital  
St. Mary's Medical Center

Name/logo on SOM homepage as event sponsor and 2015 issue of the SOM publication, Benefactor; name/logo on printed material for event; 48 event tickets. Tax deductible, less $4,800 for food/services.

**MSIII - $10,000**
Valley Health

Name/logo on SOM homepage as event sponsor and 2015 issue of the SOM publication, Benefactor; name/logo on printed material for event; 32 event tickets. Tax deductible, less $3,200 for food/services.

**MSII - $5,000**
MAXOR, Radiology, Inc.  
Retina Consultants  
Thomas Health System

Name/logo on SOM homepage as event sponsor and 2015 issue of the SOM publication, Benefactor; name/logo on printed material for event; 16 event tickets. Tax deductible, less $1,600 for food/services.

**MSI - $3,500**
Galaxy Distributing  
Kings Daughters Medical Center  
Pleasant Valley Hospital

Name/logo on SOM homepage as event sponsor and 2015 issue of the SOM publication, Benefactor; name/logo on printed material for event; 8 event tickets. Tax deductible, less $800 for food/services.

OTHER SPONSORSHIPS (TAX DEDUCTIBLE, LESS $200 FOR FOOD/SERVICES)

**BAND - $3,000**
2 event tickets; name/logo on stage with the band and in program

**WINE - $2,500**
2 event tickets; name/logo on signage at bar and in program

**CHEF - $2,000**
Dr. and Mrs. Maurice A. Mufson
2 tickets; name/logo in program

**DECORATIONS - $1,500**
2 tickets; name/logo in program

**INDIVIDUAL TICKETS**
$125 per person

As of 05/26/15
ORDER FORM

Name: ____________________________________________________________

Address: __________________________________________________________________________

Primary Phone: __________________________ Email address: ________________________________

I/we wish to support MUJCESOM medical student scholarships as a _____________________________ sponsor.

I/we wish to support MUJCESOM medical student scholarships with the purchase of tickets. Tax deductible, less $50 for services. ____________________________________________

I/we are unable to attend but want to support student scholarships with a tax deductible gift of $________________________

PAYMENT INFORMATION

☐ My payment is enclosed. Checks made payable to the Marshall University Foundation, c/o Tami Fletcher 1600 Medical Center Drive, Huntington, WV 25701

Credit card #: __________________________________ Exp. Date: _____________________________

Security Code: _______________ ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Signature: ________________________________________________________________

For additional information or to make a reservation, contact Tami Fletcher at 304.691.1701 or fletcher@marshall.edu.