



Sponsorship Form: Please fill out the following information -

Company Name: \_\_\_\_\_

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

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

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

I want to be a sponsor at the following level:

Title \$5,000    Gold \$2,500    Silver \$1,000    Bronze \$500    Contributing Sponsor \$250

---

Signature of Donor

---

Date

Please choose one:

I have enclosed a check made payable to UNC Children's (Memo line: MEDF FY26 Children's Liam Strong Charity Beach Run Sponsorship).

o If you prefer to pay your sponsorship via credit card, please call Tina Gilliam, UNC Health Foundation Gift Accountant, at 919.843-9866

Please call me to discuss further. Provide contact information below if different than above.

Name:

Contact number:

I prefer that my gift remain anonymous.



Please mail, or scan and email this sponsorship form to:

**Ashley Love Miller**  
**Attn: UNC Children's**  
**6405 Chalfont Circle**  
**Wilmington, NC 28405**

**Contact Information: 910-297-6030 (C) / [ashleylove0831@gmail.com](mailto:ashleylove0831@gmail.com)**  
**TAX ID: 56-6057494**

---

Signature of NC Children's Hospital Employee Accepting Form

---

Date