



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 FY25 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:

UNC Children's

Attn: Cameron Shoaf Lafferty

PO Box 1050

Chapel Hill, NC 27514

Contact Information: 919-614-1766 (C) / Cameron_shoaf@med.unc.edu

TAX ID: 56-6057494

Signature of NC Children's Hospital Employee Accepting Form

Date