

*Sponsor and Decorator Opportunities  
benefit Coulee Region Charities*

*Tiny Tim  
Gala Benefit  
Festival  
of Trees*



*Franciscan Healthcare Auxiliary  
A Celebration of Giving  
November 18-20, 2011*

*Please return sponsor agreement  
by June 30, 2011*

*Payment does not need to accompany agreement.*

*Payment is due by September 15, 2011.*

**Mail to:**

Franciscan Healthcare Auxiliary  
700 West Avenue S.  
La Crosse, WI 54601

Questions, please call Jonella Rademacher,  
General Chairperson, Tiny Tim Gala Benefit at

**608-787-8512.**

**Support Levels:**

**TINY TIM GALA BENEFIT**

*(Please circle level of support)*

Champagne Preview Party	\$3,000
Jingle Bell Brunch (Sunday)	\$2,500
Santa Sleigh Ride	\$2,000
Table Decor Sponsorship	\$1,200

**FESTIVAL OF TREES:**

*(Please circle level and tree height)*

**Platinum (12' tree)	\$2,000
**Gold (9' tree)	\$1,500
**Diamond (7' or 7.5' tree)	\$1,000
**Sapphire (5', 6' or 6.5' tree)	\$750
**Emerald (3', 4', or 4.5' tree)	\$550
**Ruby (36" or 60" Wreath)	\$400

**INDICATE YOUR CHOICE FOR TREE DELIVERY:**

Delivery address: \_\_\_\_\_

Phone: \_\_\_\_\_

Delivery: Sun. \_\_\_\_ Afternoon \_\_\_\_ Evening, Mon. \_\_\_\_ am

\_\_\_\_ Take possession of tree\*

\_\_\_\_ Donate tree for Tiny Tim Gala Benefit Auction.

\_\_\_\_ Donate tree to one of our designated charities.

Payment type: \_\_\_\_ Check enclosed payable to Tiny Tim.

\_\_\_\_ Credit Card: \_\_\_\_ VISA \_\_\_\_ Master Card

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Billing address and zip code if different from above address:

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Trees are delivered within a 30 mile radius of La Crosse. For deliveries outside this range, sponsors must make their own arrangements for Sunday afternoon/evening.*

*\*\*We will contact you with design specifics.*

*Sponsorship Business or Individual(s) as you wish it to appear in promotional materials*

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

Address \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

**For office use only:**

**Date received:**

**Payment or in-kind received:**

