



**SWEDISH**  
MEDICAL CENTER  
FOUNDATION

Extraordinary **care**. Extraordinary **caring**.<sup>SM</sup>

## Corporate Partners Pledge Form

We are pleased to join the Corporate Partners program with an investment of:

- Corporate Ambassador - \$50,000
- Corporate Benefactor - \$20,000
- Corporate Sponsor - \$10,000
- Corporate Patron - \$5,000

Please direct our support to:

- The greatest needs of Swedish
- Other (please specify) \_\_\_\_\_

Method of payment (check one):

- Enclosed is our check for \$\_\_\_\_\_, payable to Swedish Medical Center Foundation.  
(Please note "Corporate Partner" in the check memo.)
- Please charge \$\_\_\_\_\_ to my  AmEx  Discover  MC  Visa

Card #

Expiration Date

CSC Code

Cardholder's Name

- Please send me an invoice. (If you prefer to be invoiced at a later date, please indicate the month you would like to receive an invoice: \_\_\_\_\_.)

Company Name (as you would like it listed in print materials)

Sponsorship Contact

Title

Email

Phone

Address / City / State / Zip

Signature (if filling out electronically, please type in name)

Date

**Please send your company logo in high resolution, print-ready format to [CorporatePartners@swedish.org](mailto:CorporatePartners@swedish.org).**

Please return this form using the information below.

**SWEDISH MEDICAL CENTER FOUNDATION**

747 Broadway, Seattle, WA 98122-4307 | T 206-386-2738 | F 206-386-2765  
[CorporatePartners@swedish.org](mailto:CorporatePartners@swedish.org) | [Swedishfoundation.org/CorporatePartners](http://Swedishfoundation.org/CorporatePartners)