



Pledge Form—Swedish Corporate Partners

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
- Other _____

Please direct our support to:

- Swedish Fund for Excellence, supporting our top priorities
- 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: _____)

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

Company Name (If different than listed below) _____

Sponsorship Contact Title (If different than listed below) _____

Email _____ Phone _____

Address / City / State / Zip (If different than listed below) _____

Please send your company logo in high resolution, print-ready format to Lindsay.capello@swedish.org.

RETURN FORM TO:
Swedish Medical Center Foundation
747 Broadway, Seattle, WA 98122-4307

For more information, contact
Lindsay Capello, Director of Annual Giving 206-215-8138 | Lindsay.capello@swedish.org

Contributions are tax-deductible, Tax ID 91-0983214.
Thank you!