



The Christ Hospital Foundation Guild Fundraiser

OFF THE WALL

Providing compassionate care
for Kidney patients and their donors

SPONSORSHIP COMMITMENT FORM

Thursday, October 9, 2025

WE WOULD LIKE TO
SUPPORT OFF THE WALL
AT THE FOLLOWING LEVEL:

- YES!** Sign me /us up as a **PLATINUM SPONSOR** at the \$10,000 level.
- YES!** Sign me/us up as a **GOLD SPONSOR** at the \$5,000 level.
- YES!** Sign me/us up as a **SILVER SPONSOR** at the \$2,500 level.
- YES!** Sign me/us up as a **BRONZE SPONSOR** at the \$1,000 level.
- YES!** Sign me/us up as a **PATRON SPONSOR** at the \$500 level.

Name _____

Company Name _____

Contact Email address _____

Contact Phone number _____

Street Address _____

City _____ State _____ Zip _____

Check Enclosed in the amount of \$ _____
Check made payable to The Christ Hospital Foundation.

Credit Card Payment in the amount of \$ _____
Please visit the following link and navigate to the
"Current Event" tab
thechristhospital.com/lp/offthewall

We are unable to be a sponsor, but please accept a donation in the amount of \$ _____

You can complete this form on-line at thechristhospital.com/lp/offthewall - Current Event Page

KINDLY RETURN THIS FORM

TO ENSURE LISTING IN EVENT PUBLICITY
THE CHRIST HOSPITAL FOUNDATION
2123 AUBURN AVE. | SUITE 528
Cincinnati, OH 45219 or
Completed form can be emailed to: Rita.Spicker@thechristhospital.com

THANK YOU FOR YOUR SUPPORT

For more information about sponsorship opportunities,
please contact Jennifer Jody at 513-238-2533
or jjody1216@gmail.com

