



HOLY FAMILY HOSPITAL
of Bethlehem Foundation 

SPONSORSHIP PLEDGE

**Please indicate the amount of your generous gift.
Each Sponsor Level includes two reserved seats.**

_____ **\$50,000 *Star of Bethlehem***

Sponsors the gift of a Ventilator or a Full 4-Year Medical Residency of a resident doctor.

_____ **\$25,000 *Holy Family***

Sponsors the gift of an Incubator or a Full 4-Year Scholarship for a young, Catholic student.

_____ **\$10,000 *Angels***

Sponsors the First 10 Days of Intensive Care for a micro-preemie in the NICU.

_____ **\$5,000 *Shepherds***

Sponsors the operations of a Mobile Medical Unit, bringing care to the poorest and most isolated.

_____ **\$2,500 *Manger***

Sponsors a Full Day of Care for babies in the NICU.

Name(s) _____

Address _____ City _____ State _____ Zip _____

How would you like your name(s) to appear in our acknowledgements and in our program?

_____ Please list as *Anonymous*.

Payments by Credit Card: Visa Mastercard Discover American Express

Card Number _____ Expiration Date (MM/YY) _____ CVC _____

Payments by Check: You may make your check out to ***St. Pius X Catholic Church or Holy Family Hospital of Bethlehem Foundation***. Please remit to Al Abram, KM (Event Chair) at St. Pius X Catholic Church, 2210 North Elm St., Greensboro, NC 27408 or contact Mr. Abram with any questions at (602) 300-0262 or aabram@stpiusxnc.com.

St. Pius X Catholic Church and Holy Family Hospital of Bethlehem Foundation are both registered 501(c)(3) organizations.
St. Pius X Catholic Church EIN 56-0554221 | Holy Family Hospital of Bethlehem Foundation EIN 52-2050117
Donations are tax-deductible according to current IRS guidelines.

THANK YOU.

