



**The Scott Hamilton CARES Initiative**  
**“An Evening With Scott Hamilton and Friends”**  
**Event Sponsorship Form**

---

I would like to partner with The Scott Hamilton CARES Initiative by becoming a  
**Sponsor** of “An Evening with Scott Hamilton and Friends”:

- \_\_\_\_\_ Backflip Sponsorship \$100,000 (\$97,000 tax deductible)
- \_\_\_\_\_ Quad Toe-Loop Sponsorship \$75,000 (\$73,500 tax deductible)
- \_\_\_\_\_ Triple Lutz Sponsorship \$50,000 (\$48,500 tax deductible)
- \_\_\_\_\_ Double Axel Sponsorship \$25,000 (\$23,500 tax deductible)

I would like to partner with The Scott Hamilton CARES Initiative by becoming a  
**Table patron** of “An Evening with Scott Hamilton and Friends”:

- \_\_\_\_\_ Gold Medal Table(s) \$10,000 (\$8,500 tax deductible)
- \_\_\_\_\_ Silver Medal Table(s) \$5,000 (\$3,500 tax deductible)
- \_\_\_\_\_ Bronze Medal Table(s) \$2,500 (\$1,000 tax deductible)
- \_\_\_\_\_ Individual Patron Ticket(s) at \$1,000 / \$500 / \$250 each

**Payment options:**

- Enclosed is our **check** (made payable to Cleveland Clinic) in the amount of \$\_\_\_\_\_.
  - Please bill my **credit card** in the amount of \$\_\_\_\_\_.
- Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please send ice show tickets, valet parking passes, (in mid-October) to:**

Name: \_\_\_\_\_

Title : \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Name as you would like it to appear in the program \_\_\_\_\_

---

In order to receive recognition in the program book, please return this form and your payment by  
October 15, 2007 to: **Liz Lindecke, CARES, Taussig Cancer Institute/R36, Cleveland Clinic,**  
**9500 Euclid Avenue, Cleveland, OH 44195.**

For further information, please phone the Gala Hotline at 216/445-0804