## Submit Your Sponsorship

Company name  Contact  Address			- Berks Community				
				City, State, Zip			Health Center
				Email			
Phone							
	☐ Presenting (\$15,000)	□ Pollock Platinum (\$10,000)					
	□ Van Gogh Gold (\$7,500)	□ Cezanne Silver (\$5,000)					
	□ Rembrandt Bronze (\$3,000)	□ Monet (\$2,000)					
	□ Renoir (\$1,000)	□ Vermeer (\$500)					
□ Check—Mail	a check (payable to "Berks Community H	ealth Center") along with this form to:					
Berks C	Community Health Center						
Attn: Dave Hershey							
645 Penn Street, Suite 301 Reading, PA 19601			(4)				
□ Please Send me an Invoice for the above commitment.							
□ Pay online at	t berkschc.net/donate or scan the QR Coo	de to complete your sponsorship.					
□ Credit Card (	(Discover not accepted)						
Call Da	ve Hershey at 610-988-4838 ext. 4173 or	complete this form and mail it to the c	ıddress above.				
Name o	on card						
Type of	f card						
Card N	umber	CSV					
Expirat	ion date	Zip Code					