



*Mission Helpers of the Sacred Heart  
An Autumn Tea  
November 16, 2019  
Sponsorship Enrollment Form*

Sponsor: \_\_\_\_\_

*(name as it should appear in all printed material)*

Contact person / title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I wish to become a sponsor.*

<i>SPONSORSHIP LEVEL</i>	<i>AMOUNT</i>	<i>CHECK ONE</i>
<i>Pearls &amp; Lace Sponsor</i>	<i>\$1,000</i>	
<i>Teapot Sponsor</i>	<i>\$500</i>	
<i>Teacup Sponsor</i>	<i>\$300</i>	

*I do not wish to sponsor currently, please accept this gift to benefit the Community of Sisters.*

<i>Support a Sister(s)</i>	<i>AMOUNT</i>	<i>QUANTITY</i>	<i>TOTAL</i>
<i>Clinical Appointments</i>	<i>\$50</i>		
<i>Offset Housing Costs</i>	<i>\$100</i>		
<i>Monthly Meal Plan</i>	<i>\$250</i>		
<i>Other</i>	<i>\$</i>		

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

Please bill my credit card. \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Am Exp \_\_\_ Discover

Account # \_\_\_\_\_ Exp. \_\_\_\_\_ Digit Code \_\_\_\_\_

Amount \_\_\_\_\_ Signature \_\_\_\_\_

Enclosed is my check made payable to *Mission Helpers of the Sacred Heart* \_\_\_\_\_

Donate online @ [www.missionhelpers.org](http://www.missionhelpers.org) \_\_\_\_\_

*Please return form to:*

*Bernadette A. Sahm, Director of Mission Advancement  
Mission Helpers of the Sacred Heart  
1001 West Joppa Road  
Baltimore, MD 21204  
410-823-8585, Ext. 247*