

Upon completion of this form, please print and mail/fax OR email to the Foundation at: 680 Centre St. Brockton, MA 02032 Fax# (508) 941-6327 Giving@signature-healthcare.org



Sponsorship Opportunities for SportSmart Program



Brockton High School
Boxers
4,100 students



Cardinal Spellman High School
Cardinals
680 students



East Bridgewater High School
Vikings
580 students



Stoughton High School
Black Knights
1,170 students



Whitman-Hanson Regional High School
Panthers
1,250 students

Sponsorships	Equipment	IMPACT Testing
School Sponsor	\$5,000	\$2,500
Seasonal Sponsor / All-Sports	\$2,000	\$1,000
Single Sport Sponsor	\$500	\$250
25 Student Sponsor	\$100	\$50
12 Student Sponsor	\$75	\$25

Sponsors will receive recognition in the SportSmart Room at Signature Healthcare Brockton Hospital

Yes! I would like to sponsor student athletes participating in the SportSmart Program!

Your name: _____

Address: _____

Telephone #: _____

Email: _____

School and/or sport you are sponsoring: _____

Please circle sponsorship level above

- My check is attached, payable to: Signature Healthcare Foundation
- I am paying by credit card
- I would like to pay via payroll deduction (Signature Healthcare employees only)

Card Type: Visa Master Card Discover AMEX

Name on Card: _____

Address: _____

Card #: _____

Expiration: _____