

# IUDM 2019 Corporate Partnership Form

Supporting Riley Hospital for Children

Date: \_\_\_\_\_

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

Company City, State: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Event (if applicable; ex. Golf Outing) \_\_\_\_\_

IUDM Participant Name: \_\_\_\_\_

IUDM Participant Username: \_\_\_\_\_

## OFFICE USE ONLY

Check Received Date: \_\_\_\_\_

Check #: \_\_\_\_\_

### Send Check To:

IU Dance Marathon  
Indiana Memorial Union, Suite 572  
Bloomington, IN 47405  
ATTN: Kurt Eshleman

### Questions?

Please contact Kurt Eshleman,  
Director of Corporate Relations  
corporate.relations@iudm.org  
(615) 491-3351

**Angel Partnership**  
\$20,000+

**IUDM Legacy Partnership**  
\$10,000-\$19,999

**Premiere Partnership**  
\$5,000-\$9,999

**Platinum Partnership**  
\$2,500-\$4,999

**Gold Partnership**  
\$1,500-\$2,499

**Silver Partnership**  
\$1,000-\$1,499

**Bronze Partnership**  
\$500-\$999