

# SPONSORSHIP AGREEMENT



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## MISSISSIPPI HOSPITAL ASSOCIATION (MHA)/ MHA POLITICAL ACTION COMMITTEE

*This form serves as an agreement to provide a sponsorship for the 2011 Mississippi Hospital Association Silent Auction.*

Company Name and Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Sponsorship Donation(s) (Give Brief Description):

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Please remit sponsorship information to:**

Mississippi Hospital Association Political Action Committee (MHAPAC)  
Attn: Shannon Coker, Director of Advocacy and Communications • 116 Woodgreen  
Crossing • Madison, MS 39110 • Fax to: 601-368-3200 • E-mail: scoker@mhanet.org  
• Phone: 601-368-3250