



Stawell Medical Centre Sprockets Murray to Moyne Sponsorship Form

A major fundraiser for Stawell Regional Health

2019 will be the 33rd year that the Stawell Medical Centre "Sprockets" will ride the Murray to Moyne Relay, a 520 km fund raiser for Stawell Regional Health. Saturday 6th and Sunday 7th April 2019.



Our Fundraising Goal

We aim to raise \$10,000 towards the purchase of furniture and equipment for a new Chronic Disease Hub at Stawell Medical Centre. This room will become a welcoming space where practise nurses and allied health staff can undertake health checks and management plans with our community members who have or are at risk of chronic disease.

We appreciate any assistance that you can give us.

We thank all of our sponsors for their commitment and welcome new sponsors with open arms.

Donations

Donation can be made at Stawell Regional Health front reception. Donations over \$2 are tax deductible and exempt from GST.

Sponsors

If you would like to become a sponsor, please fill in your details on the form on the back and email It to accountsreceivable@srh.org.au or post to PO Box 800 Stawell 3380. Please retain your receipt as your tax invoice. If you are not sponsoring a particular rider, please leave blank.

For more information contact Noelene on 0408218954 **Email** PR@srh.org.au
www.srh.org.au



Sponsorship Packages

Package	Logo on SRH website	Logo on SRH Facebook	Certificate of Appreciation	Acknowledged in thank you article STN*	Acknowledged on SRH Facebook	Logo on STN* article	Introduction to business on Facebook	Logo on team trailer
#Sprocket Rocket \$550	✓	✓	✓	✓	✓	✓	✓	✓
Gold Sponsor \$250	✓	✓	✓	✓	✓	✓	✓	
Silver Sponsor \$110	✓	✓	✓	✓	✓	✓		
Bronze Sponsor \$55	✓	✓	✓	✓	✓			
Inkind Sponsor	Talk to us if you would like to provide sponsorship through a voucher that can be raffled or similar							

#Sprocket Rocket sponsorship lasts two years

*STN Stawell Times News

Payment

ABN: 50467753315

Please Circle Sprocket Rocket Gold Silver Bronze Other

Sponsor or Business Name.....**Business Address**

Phone**Email**..... **Name of rider you are sponsoring:**

If you wish to pay by credit card, please fill out details below

Card Type Expiry Date /..... Card No. _____

Card Holder Name..... Signature.....Amount

\$..... **Payment made to Stawell Regional Health** Email accountsreceivable@srh.org.au or **Post** to PO Box 800 Stawell VIC 3380

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