

SSMHealth  
Foundation *Gala*

**SSM Health Foundation Gala – October 11, 2025  
Sponsorship Registration Form**

Please submit form by August 11, 2025

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Contact for who will Coordinate Guest Names:**

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone # \_\_\_\_\_

\*All sponsorship information about the SSM Health Foundation Gala will be sent to the person listed as Contact at the above address.

**We are honored to support SSM Health and I select the following sponsorship level:**

**We are unable to participate in the event, please accept our donation of:**

SSM Health Foundation – St. Louis will gladly reserve your sponsorship upon receipt of this submitted commitment form. Please remit form and payment in full no later than **August 11, 2025**. Your important support directly impacts patient care and areas of greatest need; therefore, prompt and complete payment is crucial in fulfilling our mission to provide exceptional health care services. If an alternate payment date or schedule is needed, we are glad to make arrangements that help fulfill your commitment. We encourage specially arranged payments be made by September 8, 2025

**Our company requests a payment schedule. Please contact  
EventSTL@ssmhealth.com or (314) 523-8044.**

Click Submit or Email completed form to [EventSTL@ssmhealth.com](mailto:EventSTL@ssmhealth.com)

**Submit Form**