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# CELEBRATION OF CARING

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Saturday, August 19, 2017 *Gala*

## SPONSORSHIP OPPORTUNITIES

### **\$12,000 Sponsorship - Event Sponsor**

- Recognized as Event Sponsor on all promotional materials
- Two tables of ten near the stage
- Logo on invitation and in slideshow at event
- Special acknowledgement at podium
- Champagne for each table
- VIP Parking
- Recognition in program
- Prominent signage at event
- Recognition in newspaper thank you ad
- Tribute message – full page

### **\$7,500 Sponsorship - Diamond Sponsor**

- One table of ten in a prominent location
- Logo on invitation and in slideshow at event
- One ticket for a chance to win Diamond Earrings (\$100 value)
- VIP Parking
- Recognition in program
- Prominent signage at event
- Recognition in newspaper thank you ad
- Tribute message – full page

### **\$5,000 Sponsorship - Platinum Sponsor**

- One table of ten in a prominent location
- Logo on invitation and in slideshow at event
- Recognition in program
- Prominent signage at event
- Recognition in newspaper thank you ad
- Tribute message – full page

### **\$3,500 Sponsorships - Award Sponsor & Call to Action Sponsor**

- One table of ten
- Recognition in program
- Prominent signage at event
- Special acknowledgement related to sponsorship area
- Acknowledgement in slideshow at event
- Recognition in newspaper thank you ad
- Tribute message – half page

### **\$3,000 Sponsorships - Décor Sponsor, Entertainment Sponsor, Live Auction Sponsor, Silent Auction Sponsor, & Reception Sponsor**

- One table of ten
- Recognition in program
- Prominent signage at event
- Acknowledgement in slideshow at event
- Recognition in newspaper thank you ad
- Tribute message – quarter page

### **\$2,200 Sponsorship - Table Sponsor**

- One table of ten
- Recognition in program
- Prominent signage at event
- Recognition in newspaper thank you ad

### **\$500 Sponsorship - Supporting Sponsor**

- Seating for two
- Recognition in program
- Recognition in newspaper thank you ad

**To become a sponsor, please complete the form on the reverse.**

Individual tickets are also available for \$195 per person (fair market value of \$85).

# CELEBRATION OF CARING

*Saturday, August 19, 2017 Gala*

**Yes, I would like to be a Sponsor of the Celebration of Caring Gala!**

- |   |   |
|---|---|
| <input type="checkbox"/> \$12,000 – Event Sponsor         | <input type="checkbox"/> \$3,000 – Entertainment Sponsor  |
| <input type="checkbox"/> \$7,500 – Diamond Sponsor        | <input type="checkbox"/> \$3,000 – Live Auction Sponsor   |
| <input type="checkbox"/> \$5,000 – Platinum Sponsor       | <input type="checkbox"/> \$3,000 – Reception Sponsor      |
| <input type="checkbox"/> \$3,500 – Award Sponsor          | <input type="checkbox"/> \$3,000 – Silent Auction Sponsor |
| <input type="checkbox"/> \$3,500 – Call to Action Sponsor | <input type="checkbox"/> \$2,200 – Table of 10 Sponsor    |
| <input type="checkbox"/> \$3,000 – Decor Sponsor          | <input type="checkbox"/> \$500 – Supporting Sponsor       |

**Sponsor Information:**

Sponsor Name (as it should appear on print materials) \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Payment Information:**

I have enclosed a check made payable to French Hospital Medical Center Foundation  
 Please charge my credit card:  Visa  MasterCard  AMEX  Discover  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

**Guests and Meal Choices:** (may be provided at a later date)

Guest 1: _____	<input type="checkbox"/> Vegetarian Meal
Guest 2: _____	<input type="checkbox"/> Vegetarian Meal
Guest 3: _____	<input type="checkbox"/> Vegetarian Meal
Guest 4: _____	<input type="checkbox"/> Vegetarian Meal
Guest 5: _____	<input type="checkbox"/> Vegetarian Meal
Guest 6: _____	<input type="checkbox"/> Vegetarian Meal
Guest 7: _____	<input type="checkbox"/> Vegetarian Meal
Guest 8: _____	<input type="checkbox"/> Vegetarian Meal
Guest 9: _____	<input type="checkbox"/> Vegetarian Meal
Guest 10: _____	<input type="checkbox"/> Vegetarian Meal



**Please return completed forms to:**

French Hospital Medical Center Foundation  
1911 Johnson Avenue, San Luis Obispo, CA 93401  
(805) 542-6496; Fax (805) 542-6264  
[Tracy.Timmons@DignityHealth.org](mailto:Tracy.Timmons@DignityHealth.org)

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