St. Vincent Healthcare FOUNDATION

2011 EVENTS

Company Name _____
Please print or type as you would like it to appear in recognition materials

Contact Name _____

Address: _____
City State Zip

Fax _____ Phone _____ Email _____

SPONSORSHIP OPPORTUNITIES

ST. VINCENT HEALTHCARE FOUNDATION **Fortin Memorial Golf Tournament** JUNE 27, 2011

- ☐ $2,500 Lunch Sponsor
- ☐ $1,500 Flag Prize Sponsor
- ☐ $1,500 Education Sponsor
- ☐ $1,500 Cart Sponsor
- ☐ $1,500 Driving Range Sponsor
- ☐ $1,000 Team Sponsor
- ☐ $500 Hole Sponsor

ST. VINCENT HEALTHCARE FOUNDATION **Marynell Heringer Women's Golf Tournament** JULY 11, 2011

- ☐ $2,500 Lunch Sponsor
- ☐ $1,000 Cart Sponsor
- ☐ $1,000 Beverage Sponsor
- ☐ $600 Team Sponsor
- ☐ $1,500 Mulligan Sponsor
- ☐ $1,000 Education Sponsor
- ☐ $1,000 Putting Contest Sponsor
- ☐ $300 Hole Sponsor

ST. VINCENT HEALTHCARE FOUNDATION **SAINTS** OCTOBER 1, 2011

- ☐ $10,000 Platinum Sponsor **Reserved table of 10** (tax deductible portion $9,250)
- ☐ $5,000 Gold Sponsor **Reserved table of 10** (tax deductible portion $4,250)
- ☐ $4,000 Silver Sponsor **Reserved table of 10** (tax deductible portion $3,250)
- ☐ $3,000 Bronze Sponsor **Reserved table of 10** (tax deductible portion $2,250)
- ☐ $1,500 Table Sponsor **Reserved table of 10** (tax deductible portion $750)

✣ ■ ▲ ▼ ● ✚ ✱ Premier recognition
■ ▲ ▼ ● ✚ ✱
☐ ▲ ▼ ● ✚ ✱
☐ ▼ ● ✚ ✱

- ■ Premier seating beside the dance floor with a tent card
- ☐ Preferred seating and a tent card
- ▼ Prominent recognition on video screens during the evening
- ● Featured on the Foundation web site
- ✚ Special recognition in the event program (1,000)
- ■ Prominent seating beside the dance floor with a tent card
- ▲ Featured on the invitation (3,000)
- ▼ Featured on video screens during the evening
- ● Listed on the Foundation web site
- ✱ Special recognition in a thank you ad in the *Gazette* (readership 126,000)
- ▲ Recognized on the invitation (3,000)

ST. VINCENT HEALTHCARE FOUNDATION **Messiah Festival** DECEMBER 4, 2011

- ☐ $10,000 Event Sponsor
- ☐ $3,000 Major Sponsor
- ☐ $1,000 Musician Sponsor
- ☐ $5,000 Presenting Sponsor
- ☐ $2,000 Soloist Sponsor

☐ Please bill me ☐ Check enclosed ☐ Charge my credit card (Please circle one) VISA MasterCard Discover

Name:	Amount:
Credit Card Number:	Expiration Date:
Phone number:	CID:
Signature:	Date:

Please mail this form and payment in the envelope provided or fax to:

St. Vincent Healthcare Foundation
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Phone: 237-3638, Fax: 237-3619