

Mary Health of the Sick
12TH Annual Care and Compassion Gala
Saturday, 10/22/2022
Sherwood Country Club

SPONSORSHIP OPPORTUNITIES

◆ **Platinum Sponsor \$10,000***

- ❖ Includes 8 tickets to the Gala with preferred seating
 - ❖ Premiere acknowledgement, including coverage in gala digital journal and program
 - ❖ Premiere recognition in community advertising and online materials
 - ❖ Company logo and link on Mary Health's website event page
- *\$8,960 Tax Deductible**

◆ **Gold Sponsor \$7,500***

- ◆ Includes 6 tickets to the Gala with preferred seating
 - ❖ Prime acknowledgement, including coverage in the gala digital journal and program
 - ❖ Prime recognition in community advertising and online materials
 - ❖ Company logo and link on Mary Health's website event page
- *\$6,720 Tax Deductible**

◆ **Silver Sponsor \$5,000***

- ◆ Includes 4 tickets to the Gala with preferred seating
 - ❖ Prime acknowledgement, including coverage in gala digital journal and program
 - ❖ Prime recognition in community advertising and online materials
 - ❖ Company logo and link on Mary Health's website event page
- *\$4,480 Tax Deductible**

◆ **Bronze Sponsor \$2,500***

- ❖ Includes 2 tickets to the Gala
 - ❖ Preferred acknowledgement, including coverage in the gala digital journal and program
 - ❖ Preferred recognition in community advertising and online materials,
 - ❖ Company logo and link on Mary Health's website event page
- *\$2,240 Tax Deductible**

◆ **Copper Sponsor \$1,000***

- ❖ Includes 2 tickets to the Gala
 - ❖ Preferred acknowledgement, including coverage in gala digital journal and program
 - ❖ Preferred recognition in community advertising, online materials
 - ❖ Company logo and link on Mary Health's website event page
- *\$740 Tax Deductible**

DEADLINE FOR FALL ADVERTING INCLUSION FRIDAY, 10/01/2022



Mary Health of the Sick
12TH Annual Care and Compassion Gala
Saturday, 10/22/2022
Sherwood Country Club

SPONSORSHIP FORM: LIVE AUCTION

Enclosed is my check in the amount of \$ _____ (Please make check payable to Mary Health of the Sick)	Please bill my: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Card #
Sponsorship Level:	
Signature:	Expiration Date: Security Code (3 digits):
Name:	Home Phone:
Business Name:	Business Phone:
Address:	Mobile Phone:
City, State, Zip:	FAX: E-mail

THANK YOU FOR YOUR GENEROUS CONTRIBUTION
Non-Profit 501(c)3, Federal Tax Identification Number 95-2299398

Please mail this form and your Sponsorship check or credit card information to: Mary Health of the Sick, 2929 Theresa Dr., Newbury Park, CA 91320. You may also reserve your space by faxing form to 805-498-5112 or email: development@maryhealth.com

