



SPONSORSHIP BENEFITS

Deadline for inclusion of your name in the invitation is August 15, 2010.

- Title Sponsor** **\$25,000**

 - Premier seating for three tables of 10
 - Logo featured at event
 - Presenting Sponsor recognition and logo on written materials and media releases
 - Feature article in event press kit
 - Company logo and link on hospital website event page
 - Recognition and gift of appreciation from the stage at the event
 - Special acknowledgement, including table signage, at event
 - Additional butler service and Italian Prosecco butler served to each table during dinner
 - Gourmet Italian gift basket

- Gourmet Sponsor** **\$10,000**

 - Premier seating for two tables of 10
 - Name or logo featured at the event
 - Gourmet Sponsor recognition in event materials
 - Company logo and link on hospital website event page
 - Special acknowledgement, including table signage, at event
 - Additional butler service and Italian Prosecco butler served to each table during dinner
 - Gourmet Italian gift basket

- Reserve Label Sponsor** **\$5,000**

 - Preferred seating for one table of 10
 - Reserve Label Sponsor recognition in event materials
 - Listed on hospital website event page
 - Special acknowledgement, including table signage, at event

- Culinary Sponsor** **\$3,500**

 - Reserved seating for 10 guests
 - Culinary Sponsor recognition in event materials
 - Listed on hospital website event page
 - Table signage at event

- Staff Appreciation Sponsor** **\$600 per twosome**

 - Seating for nurse/staff member and their guest (please, reserved for staff only)

Enclosed is my check, in the amount of \$_____ Make checks payable to **Glendale Memorial Hospital Foundation**

Please bill my: Visa MC Discover AmEx Card # _____

Signature _____ Expiration Date _____

Name _____ Phone _____

Business Name _____ Fax _____

Address _____ City _____ State _____ Zip _____

Email _____

Mail this form and your payment to:

Glendale Memorial Hospital Foundation, 1420 South Central Ave., Glendale, CA 91204
 You may reserve your space by faxing this form to (818) 502-4746; Email marie.filipian@CHW.edu
Tax ID # 95-3625651