

Glendale Memorial Health Foundation

32nd Annual Evening of
Wine & Roses



*Donations will benefit Dignity Health - Glendale Memorial Hospital
Creation of a new structural heart program and upgrade of the cardiac Cath labs
October 27, 2019*

June 21, 2019

Dear Friend of the Foundation,

Glendale Memorial Health Foundation invites you to join us for the 32nd Annual Evening of Wine & Roses Gala to be held on Sunday, October 27, 2019 at the Universal Hilton. The Gala is recognized as the Foundation's premier fundraiser - **simply one not to be missed!** Join us as we honor The McClure Family for their incomparable contributions not only to Glendale Memorial Hospital, but to the entire region. Guests will have the pleasure of enjoying an evening of top notch entertainment, delicious cuisine, and three separate auctions – all for an extraordinary cause.

This year *Wine & Roses* will play a crucial role in raising funds necessary to create a new structural heart program, upgrade to the hospital's Cardiac Catheterization Laboratories (Cath Labs) and renovate the entrance to the Cath Lab and Heart Center area. When the project is complete, the hospital will be able to perform structural heart procedures with state-of-the-art technologies in a patient-focused, welcoming environment.

We cannot do it alone. It is only through the generous support of our partners that we are able to provide the award-winning care each of our patients deserves and to keep pace with the changing health care needs of our community. As a sponsor, the Foundation wishes to recognize your generosity on all promotional materials i.e. website, Facebook, and event program.

Join with us, our partners, community friends and leaders in supporting this worthy cause by becoming a gala sponsor. Please refer to the enclosed sponsorship form for levels of support and benefits from your donation. We also gladly accept donations of items and/or services to be auctioned off at the gala.

For additional information, please visit our website www.supportglendale.org or contact Holly Cox at Glendale Memorial Health Foundation, **818-502-2342** or by email at Holly.Cox@DignityHealth.org. For your information our Tax ID number is: **#95-3625651**

Respectfully,

A handwritten signature in cursive script that reads "Judy Armstrong".

Judy Armstrong
Wine & Roses Event Chair
Glendale Memorial Health Foundation

A handwritten signature in cursive script that reads "Dan Murphy".

Dan Murphy
Vice President & Chief Philanthropy Officer
Glendale Memorial Health Foundation

P.S. Formal Invitation to follow.

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SPONSORSHIP LEVELS

- ❑ **Hitsville \$25,000 TITLE SPONSOR**
As the *Hitsville Sponsor* you will receive four (4) reserved banquet tables of 8. Your name will be prominently placed in the multi-media presentation during the event, photo backdrop and in all printed materials including the event program, the Foundation's website and a full page ad.
- ❑ **Platinum Sponsor \$10,000**
As a *Platinum Sponsor* you will receive three (3) reserved banquet tables of 8. Your name will be prominently placed in the multi-media presentation during the event, photo backdrop and in all printed materials including the event program, the Foundation's website and a full page ad.
- ❑ **Supremes Sponsor \$7,500**
As a *Supremes Sponsor* you will receive two (2) reserved banquet tables of 8. Your name will be prominently placed in the multi-media presentation during the event, photo backdrop and in all printed materials including the event program, the Foundation's website and a full page ad.
- ❑ **Temptations Sponsor \$5,000**
As a *Temptations Sponsor* you will receive one (1) reserved banquet table of 8. Your name will be prominently placed in all printed materials including the event program, the Foundation's website and half page ad.
- ❑ **Marvelettes Sponsor \$3,000**
As a *Marvelettes Sponsor* you will receive four (4) admissions to the Gala. Your name will be printed in all materials including the event program, the Foundation's website and a half page ad.
- ❑ **INDIVIDUAL TICKETS \$250**

UNDERWRITING OPPORTUNITIES

- ❑ **Wine Sponsor \$2,500**
As the *Wine Sponsor* you will receive two (2) admissions to the gala. Your name will be printed on the wine card on the table and in all marketing materials including the event program and the Foundation's website.
- ❑ **Dessert Sponsor \$1,500**
As a *Dessert Sponsor* you will receive two (2) admissions to the gala and your name will be on the signage at the dessert table and printed in all marketing materials including the event program and the Foundation's website.
- ❑ **Program Sponsor \$1,000**
As the *Program Sponsor* you will receive a full page ad in the printed program. The Program Book will be printed in an 8.5" x 11" format. All ads are in color and should be built to size. Artwork must be submitted as a high resolution PDF, JPG or TIF file (no bleeds). E-mail your advertisement to holly.cox@dignityhealth.org no later than Tuesday, October 1, 2019.
- ❑ **Page Sponsor \$500**
As the *Page Sponsor* you will receive a half page ad in the printed program. The Program Book will be printed in an 8.5" x 11" format. All ads are in color and should be built to size. Artwork must be submitted as a high resolution PDF, JPG or TIF file (no bleeds). E-mail your advertisement to holly.cox@dignityhealth.org no later than Tuesday, October 1, 2019.
- ❑ **Vendor Display \$1,000**
Includes a 6ft table to set up a display within the banquet room at the gala. All vendors are allowed up to 2 staff members (Semi-formal attire required) at the booth. Vendor approval is at the discretion of the Foundation.

Return this form to Glendale Memorial Health Foundation, 1420 South Central Ave., Glendale, CA 91204.

Main Office: 818-502-2342* Holly Cox Mobile: 909-379-9046* Email: Holly.Cox@DignityHealth.Org
Glendale Memorial Health Foundation TAX ID #95-3625651

**Sponsorships, advertisements and logos must be received by October 1, 2019
for inclusion in event materials.**

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SPONSORSHIP/ VENDOR FORM

SPONSOR /VENDOR Contact Name(s): _____

SPONSOR/ VENDOR Company Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ FAX#: _____

Email Address: _____

METHOD of PAYMENT

Cash / Check Payment is enclosed: \$_____.

Made payable to: *Glendale Memorial Health Foundation*

Pay Online via the secure Website at www.supportglendale.org

Credit Card Payment - Please charge my credit card as provided below.

Amount: \$_____.

Type of Credit Card: Visa MasterCard American Express Discover

Name as it appears on the Credit Card (*please print*): _____

Credit Card Number: _____

Expiration Date (*month/year*): _____

Validation Code: _____ (3 digits on back of card or 4 digits on front of American Express card)

Signature: _____

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AUCTION DONATION CONFIRMATION

(This form MUST be completed and accompany any donated goods/ services for the auctions)

I will contribute the donation described below to Wine & Roses Gala on October 27, 2019.

DESCRIPTION AS IT WILL APPEAR IN PROGRAM & ON MOBILE APP:

VALUE BY DONOR \$ _____

LIMITATIONS OR RESTRICTIONS:

DONOR'S NAME: _____

(PLEASE PRINT as it will appear in the program) (Company name if applicable)

CONTACT PERSON: _____ PHONE: (____) _____

MAILING ADDRESS _____
Street, Apt., Post Office Box

City _____ State _____ Zip _____

EMAIL: _____

I WOULD LIKE TO MAKE A GENERAL CONTRIBUTION OF \$ _____

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