13th Annual

Gala at the Falls

A benefit for
Music Therapy and Art Therapy in Child and Adolescent Psychiatric Unit
at Providence Willamette Falls Medical Center

SPONSORSHIP OPPORTUNITIES

Platinum Presenting Sponsor
Your investment: $5,000
This opportunity is limited to two, non-competing sponsors
- Sponsorship includes eight (8) complimentary guest tickets (full table)
- Co-branded “Presenting Sponsor” on all event materials (written commitment due by April 1, 2014; payment not required until July 1, 2014)
- Recognition in all pre-event promotional materials (deadlines apply)
- Recognition throughout the event including the opportunity to participate in the program
- Special spotlight throughout evening including VIP seating and guest amenities

Gold Sponsor
Your investment: $3,500
This opportunity is limited to three sponsors
- Sponsorship with eight (8) complimentary guest tickets
- Prominent visibility as a sponsor on all event materials (deadlines apply)
- Recognition throughout the event
- Special spotlight throughout evening and in sponsor recognition presentation and guest amenities

Silver Sponsor
Your investment: $2,500
This opportunity is limited to six sponsors
- Sponsorship with eight (8) complimentary guest tickets
- High name visibility on all event materials (deadlines apply)
- Recognition throughout the event
- Special recognition during the evening’s program

Table Sponsor
Your investment: $1,500
This opportunity is limited to six sponsors
- Sponsorship with eight (8) complimentary guest tickets
- Name visibility on event day’s print materials (handbill, signage)
- Recognition during the evening’s program
2014 SPONSORSHIP COMMITMENT FORM

I/we would like to be a sponsor of the Providence Willamette Falls Medical Foundation’s Gala at the Falls event:

Contact Name: ____________________________________________________________

Sponsoring Company/Group: ________________________________________________

Mailing Address: ____________________________________________________________

Daytime Phone: ____________________________ Email: ____________________________

Please list how you would like to be recognized in printed materials for this sponsorship:

(Company and/or individual name)

SPONSORSHIP LEVELS

☐ I am unable to participate. I am enclosing a contribution to Child and Adolescent Behavioral Health of (FMV$0): $________

☐ $5,000 – Platinum Presenting Sponsor (FMV$488)

☐ $3,500 – Gold Sponsor (FMV$488)

☐ $2,500 – Silver Sponsor (FMV$488)

☐ $1,500 – Table Sponsor (FMV$488)

☐ $250 – Pair of Tickets (FMV$122)  QTY:__________ = $ __________

☐ $150 – Individual Ticket (FMV$61)  QTY:__________ = $ __________

PAYMENT METHOD

☐ Check (payable to Providence Willamette Falls Medical Foundation)

☐ Charge (The Foundation will call you at your day phone number to obtain your credit card information for payment. In order to ensure your personal information is secure, please do not fax or email your credit card information to our offices.)

☐ Please send statement for payment to the address indicated above.

Please return this form to: Providence Willamette Falls Medical Foundation, 1500 SE Division St., Oregon City, OR 97045. For more information please call the foundation at 503-650-6805. Proceeds benefit programs and services supported by Providence Willamette Falls Medical Foundation. Federal tax ID number: 93-100375. If you do not wish to receive further communications in support of Providence, please call 503-650-6805. Thank you.

The estimated fair market value (FMV) of goods and services rendered is $61 per ticket.