



A benefit to fight breast cancer through early detection

Saturday, September 22, 2018

5:00 to 9:00 p.m.

Oregon Golf Club 25700 SW Petes Mountain Road, West Linn, OR 97068

Sponsorships and reservations are now available. Capacity is limited.

Gala at the Falls is a themed charity benefit event featuring local artisans from craft breweries, wineries and cider makers, live and silent auction, paddle raise and entertainment. Guests will be able to sample locally produced wines, beer and ciders during our “Best of” Showcase, enjoy an incredible dinner reflective of the evening’s theme, a photo booth and much more!

As the premiere benefit event for Providence Willamette Falls Medical Foundation, Gala at the Falls has raised over \$1.5 million for the programs, equipment and projects of Providence Willamette Falls Medical Center. Our past work has included:

- Cardiac Rehabilitation Services, the only program in Clackamas County
- 3-D Mammography
- Children’s Mental Health
- Free medical care for the poor and vulnerable
- Emergency Room wing of Providence Willamette Falls Medical Center
- And much more!

Proceeds from the 2018 Gala at the Falls will be used to purchase 3-D Mammography technology for our Canby location. Our patients deserve access to the best technology available for the early detection of breast cancer.



To make a RESERVATION or to reserve a SPONSORSHIP, contact us at:

Providence Willamette Falls Medical Foundation Office

503-650-6805 **phone** or Andra.Koller@providence.org **email**



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SPONSORSHIP OPPORTUNITIES

All sponsors receive:

- ❖ One full table for eight guests with wine
- ❖ Recognition throughout the event
- ❖ Visibility at the event in printed handbill and signage
- ❖ Acknowledgement on the event registration website

Diamond Presenting Sponsor – Gala Dinner or Reception

Your investment: \$10,000

*This opportunity is limited to **two**, non-competing sponsors.*

Please call for details. Benefits matched to sponsor interests and outcomes desired.

Platinum Sponsor

Your investment: \$5,000

*This opportunity is limited to **two**, non-competing sponsors*

- ❖ Priority, logo recognition on invitation and Save the Date (deadlines apply).
- ❖ Recognition in all pre-event promotional materials (deadlines apply).
- ❖ Opportunity to participate in the program

Gold Sponsor

Your investment: \$3,500

*This opportunity is limited to **three** sponsors*

- ❖ Prominent visibility as a sponsor on all event materials (deadlines apply)
- ❖ 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*

- ❖ High name visibility on all event materials (deadlines apply)
- ❖ Special recognition during the evening's program

Table Sponsor

Your investment: \$1,500

*This opportunity is limited to **ten** sponsors*





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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

- \$10,000 –Diamond Sponsor (FMV\$480)
- \$5,000 – Platinum Sponsor (FMV \$480)
- \$3,500 – Gold Sponsor (FMV \$480)
- \$2,500 – Silver Sponsor (FMV \$480)
- \$1,500 – Table Sponsor (FMV \$480)
- \$250 – Pair of Tickets (FMV \$120) QTY: _____ = \$ _____
- \$150 – Individual Ticket (FMV \$60) QTY: _____ = \$ _____
- I am unable to participate. I am enclosing a contribution to in support of PWFMF in the amount of: \$ _____ (FMV \$0)

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. 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 \$60 per ticket.

