

Gala at the Falls

Saturday, October 5, 2019

Oregon Golf Club, West Linn, Ore.

A benefit event for Providence Willamette Falls Medical Center

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 program (deadlines apply).
- ❖ Speaking opportunity during event.
- ❖ 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 day-of-event materials (deadlines apply)
- ❖ Special spotlight throughout evening and in sponsor recognition presentation and guest amenities

Silver Sponsor

Your investment: \$2,500

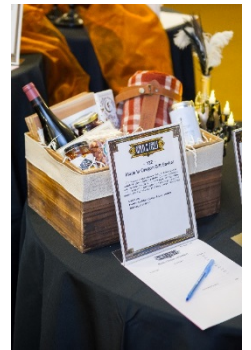
*This opportunity is limited to **six** sponsors*

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

Table Sponsor

Your investment: \$1,500

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



Gala at the Falls

Saturday, October 5, 2019

Oregon Golf Club, West Linn, Ore.

A benefit event for Providence Willamette Falls Medical Center

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.



Gala at the Falls

Saturday, October 5, 2019

Oregon Golf Club, West Linn, Ore.

A benefit event for Providence Willamette Falls Medical Center

Guest Information Form

Provide first and last names, e-mail, home address and phone number for each guest to be seated. Guests will receive a confirmation packet with event information. You may email your list with complete information to: Andra.Koller@providence.org or fax it to 503-557-2121. Providence Willamette Falls Medical Foundation is located at 1500 Division Street, Oregon City, OR 97045.

1. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____
 Vegetarian

2. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____

3. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____

4. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____

5. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____
 Vegetarian

6. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____
 Vegetarian

7. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____
 Vegetarian

8. Name: _____
E:mail: _____
Address: _____
City/Zip: _____
Phone: _____
 Vegetarian

Please return this form by September 20, 2019. Thank you!