

Partners in Health Annual Dinner



A benefit for *Providence Milwaukie Hospital*
at *Waverley Country Club*
Thursday, October 24, 2019

SPONSORSHIP OPPORTUNITIES

Platinum Presenting Sponsor

Your investment: \$10,000

Sponsorship includes:

- "Platinum Presenting Sponsor" on all event materials and on the website
- Recognition in all pre-event promotional materials (deadlines apply)
- Recognition at the event and on the Providence Milwaukie Hospital donor wall
- Acknowledgement in *Clackamas Review* post-event ad



Gold Sponsor

Your investment: \$5,000

Sponsorship includes:

- "Gold Sponsor" on all event materials and on the website
- Recognition in all pre-event promotional materials (deadlines apply)
- Recognition at the event and on the Providence Milwaukie Hospital donor wall
- Acknowledgement in *Clackamas Review* post-event ad



Silver Sponsor

Your investment: \$3,500

Sponsorship includes:

- Prominent visibility as a sponsor on all event materials (deadlines apply)
- Recognition at the event and on the Providence Milwaukie Hospital donor wall
- Acknowledgement in *Clackamas Review* post-event ad



Bronze Sponsor

Your investment: \$2,500

Sponsorship includes:

- High name visibility on all event materials (deadlines apply)
- Recognition at the event and on the Providence Milwaukie Hospital donor wall
- Acknowledgement in *Clackamas Review* post-event ad



Copper Sponsor

Your investment: \$1,500

Sponsorship includes:

- Name visibility on event day's print materials (handbill, signage)
- Recognition at the event and on the Providence Milwaukie Hospital donor wall
- Acknowledgement in *Clackamas Review* post-event ad

Partners in Health

Annual Dinner

A benefit for *Providence Milwaukie Hospital*
& *The Family Residency Endowed Fund*
at *Waverley Country Club*
Thursday, October 24, 2019

2019 SPONSORSHIP COMMITMENT FORM

I/we would like to sponsor Providence Milwaukie Foundation's Partners in Health 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 in the amount of: \$_____
- \$10,000 – Platinum Presenting Sponsor (FMV \$0)
- \$5,000 – Gold Sponsor (FMV \$0)
- \$3,500 – Silver Sponsor (FMV \$0)
- \$2,500 – Bronze Sponsor (FMV \$0)
- \$1,500 – Copper Sponsor (FMV \$0)
- \$1,000 – Friends Sponsor (FMV \$0)

PAYMENT METHOD

- Check** Make payable to Providence Milwaukie 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.
- Statement** Please send statement for payment to the address provided.

Please return this form to: **Providence Milwaukie Hospital Foundation**
10150 SE 32nd Ave., Milwaukie, OR 97222
For more information please call the foundation at 503-513-8325.
Proceeds benefit programs supported by **Providence Milwaukie Foundation.**
Federal tax ID number: 94-3079515.
*If you do not wish to receive further communications in support of Providence,
please call 503-513-8325. Thank you*