SPONSORSHIP & SUPPORT OPPORTUNITIES
FRIDAY, APRIL 20ᵀᴴ, WALHILL FARM BATESVILLE, IN

$10,000   Diamond– (1 available)
Special Podium recognition, DCMH web site listing preceding event, Two Preferred Corporate Star Tables for 8 ($1600 value), Title sponsor listing on cover of event program and invitation packet, 2018 Annual recognition within DCMH, Title sponsor recognition in "Cultivating Care" newsletter and Foundation annual report. Special recognition at event registration table and podium acknowledgment

$7,500   Platinum– (2 available)
Two Corporate Tables for 8 ($1600 value), Diamond premium sponsor listing in event program-inside front or back cover, DCMH web listing. Sponsor recognition in Foundation newsletter and annual report. Recognition at event registration table and podium at event.

$5,000   Solid Gold– (3 available)
Corporate Table for 8 ($800 Value), Gold premium sponsor listing in event program–first page, DCMH web listing. Sponsor recognition in newsletter & Foundation annual report. Recognition at event registration table & podium acknowledgment at event.

$2,500   Billboards Best– (4 available)
Corporate Table for 8 ($800 value), Silver premium sponsor listing in event program, ½ page program ad, DCMH web listing, Sponsor recognition in "Cultivating Care" newsletter and Foundation annual report and podium acknowledgment at event.

$1,500   The DJ's- (10 available)
Corporate Table for 8 including logo ($800 value), Bronze premium sponsor listing in event program, DCMH web listing, ¼ page program ad, sponsor recognition in newsletter and Foundation annual report, and podium acknowledgment at event.

BUILD YOUR OWN SPONSORSHIP

Choose from the following and build your own Sponsorship that best meets your needs while supporting the important work of Decatur County Memorial Hospital.   Select the package(s) that would best promote your organization. Sponsorships may be added with multi-discount pricing—contact us for more info.

_____ $5,000   Disco Dance Party Sponsor- sponsor the evenings disco dance party and receive your logo displayed at the event plus listing in the program, on the DCMH website with Podium Acknowledgement during the evening and a Corporate Table for 8.

_____ $5,000   Fundraising Sponsor- Please contact our office for details on this exciting opportunity and receive your logo displayed at the event, listing in the program, on the DCMH website with Podium Acknowledgement at event and a Corporate Table for 8.

_____$600   Table (40 available)-A standard table for 8 reserved at the gala event.

_____$200   Corporate Table Add-On -Corporate tables receive preferred seating, special signage at the table along with listing in the event program, on the DCMH website with Podium Acknowledgement at event.

_____ (select)   Program Ad – support DCMH and be showcased in a printed ad in the Gala program
           Full Page ($300)   Half Page ($200)   Quarter Page ($125)

_____$100   DCMH Support – 1/8 page expression of DCMH Support – basic text information

_____$ Donation – DCMH has constant needs for funds to support new programs, services & equipment. Add your donation to support this event and the important work of our Hospital

$ _____ TOTAL "Build Your Own" Sponsorship   Please Complete Form on Reverse Side

Register Online at www.dcmh.net/gala
For more information contact Susan Burkhart, Foundation Director at (812) 663-1220 or susan.burkhart@dcmh.net

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<u>Gala Reservations</u>

$85 ea. or 2/$165   # Reserved _____   **Total Reservations** $ _____
Tables of 8 = $600   # Reserved _____
Corporate Table =$800   # Reserved _____

<u>Sponsorships</u>   (see reverse side for details)

___$10,000 –Diamond   ___$7,500 – Platinum   ___ $5,000 – Solid Gold   **Total Sponsorships** $_____
___$2,500 –Billboards Best   ___$1,500- The DJ's   OR $_____ Build Your Own -Type(s)_____

<u>Donations</u>

Financial Contribution   **Total Donations** $_____

In-Kind Item Donation _____

<u>Program Ad</u>

$300 – Full Page $200 – Half Page $125-1/4 Page $100-1/8 Page   **Total Ads** $_____

I agree to provide the camera ready content of the ad by Friday, March 30, 2018

Initial _____   **Total Commitments $_____**

☐ **Check Enclosed**   ☐ **MasterCard**   ☐ **Visa**   ☐ **Invoice Requested**

Name -Company/Individual _____
                              (as it should be listed in promotional materials)

Primary Contact _____   **e-mail** _____

Address _____   **City** _____ST _____

Zip _____   **Phone** _____   **Fax** _____

Credit Card # _____ **Exp** _____   **3-digit Verification code** _____

Signature _____ **Date** _____

Checks should be made payable to Hospital Foundation of Decatur County
For more detailed information contact Susan Burkhart, Hospital Foundation Director @ (812) 663-1220 or Foundation@dcmh.net
720 N. Lincoln St., Greensburg, IN 47240
Online Registration - www.dcmh.net/gala