



2017 Sponsorship Opportunities

Sponsor Benefits	Sponsorship Level						
	Exclusive Title	In Full Bloom	Cherry Blossom	April Showers	Rainbow	Butterfly	Seedling
	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000	\$3,000	\$1,500
Company name and logo associated with the event*	X						
Company name and logo printed on all materials, including invitations and raffle mailings*	X	X					
Name/logo on guest favor***	X	X					
Dedicated page on Foundation Website	X	X					
Solo banner in VIP reception and behind band	X	X					
Full page color advertisement on inside cover of program	X	X					
Solo signage	X	X	X				
Company name and sponsorship level on event invitation*	X	X	X	X			
Recognition on Digital Donor Board in Hospital lobby	X	X	X	X			
Recognition on Foundation Website	X	X	X	X			
Social media recognition	X	X	X	X			
Name/logo on area signage/giveaways**	X	X	X	X			
Name/logo on group signage and video	X	X	X	X	X		
Invitation to pre-Gala VIP reception with St. Mary CEO	X	X	X	X	X		
Ad Specialty opportunity	X	X	X	X	X		
SUPER 50/50 raffle tickets	20	14	10	6	4	2	
Number of guests	20	14	10	6	4	2	2
Program advertisement	X	X	Full	Full	Half	Quarter	B.C.
<i>Tax Deductible Portion</i>	<i>\$20,00</i>	<i>\$11,500</i>	<i>\$7,500</i>	<i>\$6,000</i>	<i>\$4,000</i>	<i>\$2,500</i>	<i>\$1,100</i>

* **Deadline to participate as Title Sponsor or to be included on event invitation is February 15**

Exclusive **In Full Bloom Sponsor levels that include individual signage & recognition are: **Guest Favor and VIP Party**

Exclusive **Cherry Blossom Sponsor levels that include individual signage & recognition are: **Band, Dinner, Cocktails, and Program**

Exclusive **April Showers Sponsor levels that include individual signage & recognition are: **Valet, Dessert, Invitation, Photography, Auction, and Entertainment**

*****Deadline for Guest Favor Sponsorship is March 31. Only ONE available.**



All proceeds benefit the many programs of the St. Mary Community Ministries

Company _____ Contact _____
 Phone _____ E-Mail _____
 Address _____
 City, State, Zip _____

Sponsorship

- Exclusive Title Sponsor \$25,000
- In Full Bloom Sponsor VIP Party Guest Favor \$15,000
- Cherry Blossom Sponsor Band Dinner Cocktails Program \$10,000
- April Showers Sponsor Valet Dessert Invitation Photography Auction Entertainment \$7,500
- Rainbow Sponsor \$5,000
- Butterfly Sponsor \$3,000
- Seedling Sponsor \$1,500

Advertising

- Full Page Ad \$5,000 Half Page Ad \$2,500 Quarter Page Ad \$1,000
- Business Card \$500 Patron \$250

Ad Specifications: high-resolution PDFs or JPEGs ONLY (we do not accept Word or Publisher files). Please embed all fonts and images.

Name the file after your business. Email to ljuris@stmaryhealthcare.org by April 20, 2017. *Ads requiring creation or modification will incur a design fee.*

_____ (Qty) Additional Event Tickets \$300 ea = \$ _____
 _____ I am unable to attend. Please accept my gift of \$ _____

Total Sponsorship, Advertising, Event Tickets, and gifts \$ _____

Payment

- My check (made payable to St. Mary Foundation) is enclosed -OR- Please bill my credit card (circle one): Visa MasterCard AMEX Discover

Name as it appears on Credit Card: _____
 Credit Card Number: _____ Ex. Date: _____ Sec. Code _____
 Signature: _____

Please mail form and payment and direct all questions to:

Lisa Juris, Event Coordinator
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