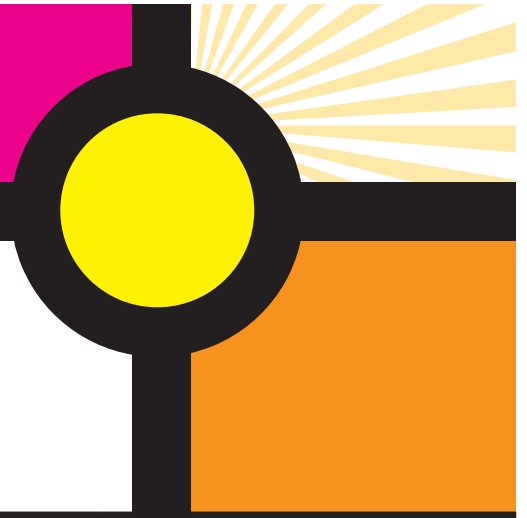


Let the Sun Shine In

2016 Gala Sponsorship Opportunities



| <i>Sponsorship Benefits</i> | <i>Platinum</i> \$20,000 | <i>Gold</i> \$15,000 | <i>Silver</i> \$10,000 | <i>Bronze</i> \$5,000 |
|---|-----------------------------|------------------------------------|---------------------------|--------------------------|
| Company name and logo prominently displayed at Sun Health Foundation events | * | * | * | * |
| Company name and logo on major event collateral | * | * | * | * |
| Link to company website on Sun Health Foundation events web pages | * | * | * | * |
| Gala tickets | 2 Tables, VIP | 1 Table, VIP | 1 Table | 1 Table |
| Onstage recognition during opening remarks | * | | | |
| Special logo recognition | Table Signs | Auction Paddles OR Bar Wraps | Cocktail Napkins | |
| Program promotional ad space | Full Page, Inside Cover | Full Page | Half Page | Quarter Page |

Additional Underwriting Opportunities

GALA SUPPORTER - \$2,500

Auction
Entertainment
Decor
Video
Wine

GALA SUPPORTER - \$1,000

Photography
Signage

If you would like to donate an item to the live or silent auction please contact **Elizabeth Walton** at **623-832-5734** or **elizabeth.walton@sunhealth.org**



Email: info@sunhealthfoundation.org
www.SunHealthFoundation.org

14719 W. Grand Ave. | Surprise, AZ 85374
Phone: (623) 832-5330 | Fax: (623) 832-4112

Sponsor Reservation

List name below exactly as it is to appear for recognition purposes.

Name _____

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Choose your sponsorship level:

- Platinum Sponsor **\$ 20,000**
- Gold Sponsor **\$ 15,000**
- Silver Sponsor **\$ 10,000**
- Bronze Sponsor **\$ 5,000**

*Supporters, please choose one underwriting opportunity:

Gala Supporters

\$2,500

- Auction
- Entertainment
- Decor
- Video
- Wine

\$1,000

- Photography
- Signage

TOTAL COMMITMENT AMOUNT \$ _____

Please make checks payable to: *Sun Health Foundation*

- MasterCard VISA American Express Discover Card

Card number: _____

Signature: _____ Expiration Date: _____

THANK YOU FOR YOUR COMMITMENT

Please return this form to:

Sun Health Foundation
14719 W. Grand Ave.
Surprise, AZ 85374