

62nd Annual Celebration Gala

Dignity Health - St. Rose Dominican

Saturday, April 13, 2019
Red Rock Resort • 5:30 p.m.

All proceeds directly support southern Nevada's only not-for-profit, faith-based healthcare system.

**AN EVENING OF
HEROES, MUSIC AND
CELEBRATION**

Sponsorship Opportunities

Presenting Sponsor - \$50,000

(three available)

- Two BEST IN HOUSE tables for 20 guests
- Meet and greet with headline entertainer
- Round trip limo service (up to six hours) for the evening, from a local residence to the event venue
- A gift of appreciation presented to you by a hospital representative
- Prominent sponsor recognition on all event-related marketing and promotional materials: save the date, invitations, flyers, press releases, and event program book
- Named as Presenting Sponsor in all news releases
- Logo and mentions on social media platforms relating to 62nd Annual Celebration
- Corporate logo displayed prominently on the event's 15' video screens, on the event website and on the digital screens at each hospital campus
- Full-page color advertisement inside front or back cover of the event program
- Premium wine and champagne at your table
- Thank you from emcee during the evening's program
- Special gifts for table guests

Platinum Sponsor - \$25,000

- Two premium tables for 20 guests
- On-stage acknowledgment by the event emcee
- Your company name and logo displayed in all event promotion materials
- Logo and mentions on social media platforms relating to the 62nd Annual Celebration
- Named as Platinum Sponsor in all news releases
- Corporate logo displayed prominently on the event's 15' video screens, on the event website and on the digital screens at each hospital campus
- Full-page color advertisement with priority placement in the event program
- Premium wine at your table
- Gifts for table guests



**St. Rose Dominican
Health Foundation™**

A Dignity Health Member

Gold Sponsor - \$15,000

- One Gold Level table for 10 guests
- Corporate logo projection on the event's 15' video screens, on the event website and on the digital screens at each hospital campus
- Half-page color advertisement in the event program
- Gift for table guests
- Company name and logo in all event advertising including the event invitation and in the official event program
- Company name and logo in press releases

Silver Sponsor - \$10,000

- One Silver Level table for 10 guests
- Listing on the event's 15' video screens and on the event website
- Half-page color advertisement in the event program
- Gift for table guests
- Company name in all event advertising including the event invitation and in the official event program



WOW

Bronze Sponsor - \$7,500

- One Bronze Level table for 10 guests
- Listing in the event program, on the event's 15' video screens and on the event website
- Half-page color advertisement in event program

Copper Sponsor - \$5,000

- One table for 10 guests
- Listing in the event program and on the event's 15' video screens

Full-Page Color Program Ad - \$2,500
Individual Seat - \$500

St. Rose Dominican Health Foundation
3001 St. Rose Parkway
Henderson, NV 89052
Phone: **702.616.5762**
Barbara.Davis@DignityHealth.org



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Registration Form

Please fax this completed form to **702.616.5751**; mail to St. Rose Dominican Health Foundation, 3001 St. Rose Parkway, Henderson, NV 89052
Attention: Barbara Davis; or email to: **Barbara.Davis@DignityHealth.org**.

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Mobile Phone _____ Work Phone _____

I am unable to participate, but would like to make a donation. Donation amount \$ _____

Presenting Sponsor - \$50,000

Silver Sponsor - \$10,000

Full-Page Color Program Ad - \$2,500

Platinum Sponsor - \$25,000

Bronze Sponsor - \$7,500

Individual Seat - \$500

Gold Sponsor - \$15,000

Copper Sponsor - \$5,000

Payment Type:

Cash

Check*

Charge

Invoice

Please bill my credit card:

Visa

Mastercard

American Express

Card # _____ Exp. Date _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

***Make checks payable to St. Rose Dominican Health Foundation**

Thank you for supporting Dignity Health - St. Rose Dominican. Once we receive your completed form, a representative from the Health Foundation will contact you to discuss event arrangements, sponsorship benefits, and recognition.

Contributions to the St. Rose Dominican Health Foundation may be tax deductible pursuant to the provisions of section 170(c) of the Internal Revenue Code of 1986, 26 U.S.C. § 170(c).



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Health Foundation**

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