

CARNIVAL CELEBRATION

ST. ROSE DOMINICAN'S | SATURDAY, APRIL 18, 2026 | 6:00 P.M.
67TH GALA | PARIS HOTEL & CASINO

Sponsor Opportunities & Benefits

\$100,000

HUMANKINDNESS
SPONSOR

- Three VIP tables for 10 in premier location
- Adrian Dominican Sisters Table Sponsor
- Top billing as Humankindness Sponsor and name or logo placement on marketing materials: invitation, press materials, Gala webpage, digital screens at all three hospitals, social media and promotional emails
- Upgraded wine at table and a dedicated beverage server for you and your guests
- One year of company ads displayed on digital screens at all three hospitals
- Logo on video monitors during event
- Entertainment meet and greet
- Invitation to after party
- Chance to speak during event

\$75,000

UNDER THE BIG TOP
SPONSOR

- Two VIP tables for 10 in premier location
- Listing as Under the Big Top Sponsor and name or logo placement on marketing materials: invitation, press materials, Gala webpage, digital screens at all three hospitals, social media and promotional emails
- Upgraded wine at table and dedicated beverage server for you and your guests
- Six months of company ads displayed on digital screens at all three hospitals
- Entertainment meet and greet
- Invitation to after party
- Logo on video monitors during event
- Verbal recognition during event



Dignity Health®
St. Rose Dominican

Celebration Gala
ST. ROSE DOMINICAN'S 67TH

All proceeds directly support southern Nevada's only nonprofit, faith-based healthcare system.

\$50,000 **GRAND FERRIS WHEEL** SPONSOR

- Two VIP tables for 10 in prime location
- Listing as Under the Grand Ferris Wheel Sponsor and name or logo placement on marketing materials: invitation, press materials, Gala webpage, digital screens at all three hospitals, social media, and promotional emails
- Three months of company ads displayed on digital screens at all three hospitals
- Invitation to after party
- Logo on video monitors during event
- Verbal recognition during event

\$30,000 **CARNIVAL EXTRAVAGANZA** SPONSOR

- Two VIP tables for 10 in prominent location
- Listing as Carnival Extravaganza Sponsor and name or logo placement on marketing materials: invitation, press materials, Gala webpage, digital screens at all three hospitals, social media and promotional emails.
- Invitation to after party
- Listing on video monitors during event
- Verbal recognition during event



\$17,500 **RING MASTER** SPONSOR

- One table for 10 in prominent location
- Listing as Ring Master Sponsor and name or logo placement on marketing materials: invitation, press materials, Gala webpage, digital screens at all three hospitals, social media and promotional emails
- Listing on video monitors during event

\$12,500 **RAZZLE DAZZLE** SPONSOR

- One table for 10
- Recognition on St. Rose Dominican Health Foundation website and social media
- Listing on video monitors during event

\$7,500 **CAROUSEL** SPONSOR

- One table for 10
- Recognition on St. Rose Dominican Health Foundation website and social media

\$750 **INDIVIDUAL TICKET** SPONSOR

St. Rose Dominican Health Foundation

102 E. Lake Mead Pkwy.
Henderson, NV 89015

Phone: 702.616.4450

Email: Barbara.Davis@commonspirit.org

Celebration Gala

ST. ROSE DOMINICAN'S 67TH

SATURDAY, APRIL 18, 2026 | 6:00 P.M.
PARIS HOTEL & CASINO

REGISTRATION FORM

Please fax this completed form to 702.616.4405;
Mail to: St. Rose Dominican Health Foundation, 102 E. Lake Mead Pkwy., Henderson, NV 89015
Attention: Barbara Davis; or email to: Barbara.Davis@commonspirit.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 \$ _____

☐ Humankindness Sponsor - \$100,000

☐ Under the Big Top Sponsor - \$75,000

☐ Grand Ferris Wheel Sponsor - \$50,000

☐ Carnival Extravaganza Sponsor - \$30,000

☐ Ring Master Sponsor - \$17,500

☐ Razzle Dazzle Sponsor - \$12,500

☐ Carousel Sponsor - \$7,500

☐ Individual Ticket - \$750

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.



**St. Rose Dominican
Health Foundation™**

A Dignity Health Member

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).

All proceeds directly support southern Nevada's only nonprofit, faith based health care system.