

# A Night in Casablanca Gala



## Gala Sponsorship Levels

### Individual Tickets – \$300

- One ticket to the event

### Patron Sponsor – \$500

- Name recognition on patron list
- Two tickets to the event

### Table Host Sponsor – \$2,500

- Name recognition on table host list
- Eight tickets to the event

### Silver Sponsor – \$4,000

- Recognition as a Silver Sponsor
- Four tickets to the event
- Logo on event signage
- Opportunity to provide marketing materials for event swag bags

### Gold Sponsor – \$6,000

- Recognition as a Gold Sponsor
- Eight tickets to the event
- Preferred seating at event
- Logo on event signage
- Opportunity to provide marketing materials for event swag bags

### Platinum Sponsor – \$20,000

- Recognition as a Platinum Sponsor
- Sixteen tickets to the event
- Premier seating at event
- Logo on event signage
- Logo on red carpet backdrop
- Recognition on Foundation's social media
- Opportunity to provide marketing materials for event swag bags

### Presenting Sponsor – \$30,000

- Recognition as a Presenting Sponsor
- Two-minute speaking opportunity
- Twenty tickets to the event
- Front row seating at the event
- Verbal recognition at the event
- Logo on red carpet backdrop
- Logo on event signage
- Recognition on Foundation's social media
- Champagne toast at event
- Opportunity to provide marketing materials for event swag bags

# St. Anthony's Hospital Foundation Gala Sponsorship Commitment Form

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

We would like to become a sponsor at this level:

\_\_\_\_ Presenting (\$30,000)      \_\_\_\_ Platinum (\$20,000)      \_\_\_\_ Gold (\$6,000)

\_\_\_\_ Silver (\$4,000)      \_\_\_\_ Patron (\$500)

Or

Purchase:

\_\_\_\_ Individual tickets at \$300 each

\_\_\_\_ A table of 8 for \$2,500

\_\_\_\_ We/I would like to help sponsor clergy member(s) from our community for a donation amount of \$\_\_\_\_\_.

Make checks payable to St. Anthony's Hospital Foundation, Inc.

\_\_\_\_ Check enclosed      \_\_\_\_ Invoice me

\_\_\_\_ Charge my/our:      \_\_\_\_ Visa      \_\_\_\_ MasterCard      \_\_\_\_ American Express      \_\_\_\_ Discover

Name as it appears on card: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Security code: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

## Please contact the Foundation for more information.

1200 Seventh Ave. N.  
St. Petersburg, FL 33705  
Phone: (727) 825-1461  
Fax: (727) 825-1184

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StAnthonysFoundation.org

