METHODIST HOSPITAL FOUNDATION



AN EVENING WITH FOREIGNER
HONORING SHERRY AND SHONE WANG
SUPPORTING EXPANSION OF OUR COMPREHENSIVE STROKE
AND ENDOVASCULAR SERVICES AT METHODIST HOSPITAL
CO-CHAIR PATTY NIJJAR AND SUSAN WOO
SATURDAY, OCTOBER 6 - 5:30 P.M. - PASADENA CONVENTION CENTER

TABLE SPONSOR OPPORTUNITIES

Please note promotional a	ADS MAY NOT BE TAX DEDUCTIBLE
 □ Title Sponsor - \$50,000 VIP Crystal Section seating for 30 Listed as Title sponsor on all event materials Full 2 page color ad – prominently displayed On-stage recognition at the Ball □ Grand Sponsor - \$30,000 VIP Crystal Section seating for 20 Listed as Grand sponsor on all event materials Full page color ad – prominently displayed On-stage recognition at the Ball 	 □ Crystal Sponsor - \$15,000 • Preferred Crystal Section seating for 10 • Recognition on all event materials • Full Page color ad - prominently displayed □ Platinum Sponsor - \$10,000 • Preferred Crystal Section seating for 10 • Recognition on all event materials • Full Page color ad □ Gold Sponsor - \$7,000 • Reserved seating for 10 • Recognition on all event materials • Half Page black and white ad
Event Underwriter Sponsor Opportunities	
	☐ Centerpiece Sponsor - \$2,500 ☐ Décor Sponsor - \$2,000 e Book and on Foundation donor lists, does not include seating. please confirm your sponsorship by <u>July 27th</u>
Individual Tickets and Donations	
☐ Individual Tickets - \$500 X = ☐ I am unable to attend but I would like to make a donation in the amount of:	
TRIBUTE BOOK MESSAGES OR ADVERTISEMENTS ONLY – <u>Deadline is September 7th</u> Please note promotional ads may not be tax deductible	
□ Full Page color ad - non bleed (10"h X 7.5"w) - \$1,500 □ Half Page Ad - non bleed (4.8"h X 7.5"w) - \$750 □ Full Page ad- non bleed (10"h X 7.5"w) - \$1,000 □ Quarter Page Ad - non bleed (4.8"h X 3.6"w) - \$500 □ I will email a PDF, TIFF, EPS, or JPEG to crystalball@methodisthospital.org □ Create Tribute AD using the following text:	
Total Amount Due:	
Name:	Company:
Recognition name to be used on printed material:	
Address:	City: State: Zip:
Phone: Fax:	E-mail:
☐ Enclosed is my check	☐ Send me an invoice
	Exp. Date: Code:
Please make checks payable to: Methodist Hospital Foundation, 300 W. Huntington Dr. Arcadia, CA 91007 For more information contact: Gloria Rico (626) 821-2340 or crystalball@methodisthospital.org FAX (626) 821-6931 To register on-line visit: www.methodisthospital.org/crystalball	

Please sign below to confirm your support of Crystal Ball 2018
Signature:

Thank you for your generous charitable support of Methodist Hospital Foundation, non-profit ID#95-3407027