

SPONSORSHIP FORM

- ☐ **\$15,000 Jet-Setter Sponsorship**
- 2 table of 10 guests (20 guests total)
 - Recognition from the stage
 - Premium logo signage
 - Logo/Company name on social media + website
 - Full page ad in gala program
 - Complimentary wine
 - Luxury themed table decor

- ☐ **\$7,500 Explorer Sponsorship**
- Table of 10 guests
 - Recognition from the stage
 - Premium logo signage
 - Logo/Company name on social media + website
 - Half page ad in gala program

- ☐ **\$3,000 Wanderer Sponsorship**
- Table of 10 guests
 - Recognition from stage
 - Quarter page ad in gala program
 - Company name on social media/website
 - Quarter page ad in gala program

- ☐ **\$2,250 Table Sponsorship**
- Reserved table of 10 guests
- ☐ **\$225 Individual Ticket**
- Single gala ticket at an open seating table

- Underwriting Opportunities**
- ☐ \$2,500 - Printing
- ☐ \$2,500 - Entertainment
- ☐ \$2,500 - Décor

- ☐ I am unable to attend, but please accept my donation in the amount of \$ _____

Please send sponsorship form and payment to:
Golden Valley Health Centers Foundation
PO Box 3952 - Modesto, CA 95352

For more information, please call 209.628.8865

- ☐ **\$10,000 Globetrotter Sponsorship**
- 2 table of 10 guests (20 guests total)
 - Recognition from the stage
 - Premium logo signage
 - Logo/Company name on media recognition, social media + website
 - Half page ad in gala program
 - Complimentary wine

- ☐ **\$5,500 Voyager Sponsorship**
- Table of 10 guests
 - Recognition from the stage
 - Event signage
 - Logo/Company name on social media + website
 - Half page ad in gala program

Ad Space in Gala Program

- ☐ \$1,000 - Full Page
- ☐ \$500 - Half Page
- ☐ \$250 - Quarter Page

- ☐ Check enclosed made payable to:
Golden Valley Health Centers Foundation

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

- ☐ Please charge my credit card (Visa, Mastercard, American Express or Discover)

Card #: _____

Exp. Date: _____ CVC Code: _____

Zip: _____