

Superior Health Foundation 14th Annual Gala

Sponsorship Opportunities

You're invited to be part of a festive evening, recognizing and supporting health-centered organizations in our region through sponsorship of the 2025 Superior Health Foundation Annual Gala.

Please make a copy for your records and mail/email back this entire form or complete the form at superiorhealthfoundation.org/events/annual-gala

Exclusive Sponsorships

Select your sponsorship level and benefits below. Payment information on back.

<input type="radio"/> Exclusive Presenting Sponsor \$10,000	<input type="radio"/> Exclusive Dinner Sponsor \$8,000
<input type="radio"/> Exclusive Entertainment Sponsor \$5,000	<input type="radio"/> Exclusive Silent Auction Sponsor \$4,000
<input type="radio"/> Exclusive Ballroom Sponsor \$4,000	<input type="radio"/> Exclusive Media Sponsor \$3,500
<input type="radio"/> Exclusive Video Sponsor \$3,500	<input type="radio"/> Exclusive Program Sponsor \$2,500
<input type="radio"/> Exclusive Lighting/Sound Sponsor \$2,000	<input type="radio"/> Exclusive Photography Sponsor \$2,000

All Exclusive Sponsorships will receive recognition in our program and verbally during the presentation, as well as a logo and link on our website. In addition, Exclusive sponsors can select up to **TWO** of the following options. Please mark selections with an X on the line:

- _____ 1. Seating at the Gala
- 24 VIP seats for Exclusive Presenting
 - 16 VIP seats for Exclusive Dinner
 - 8 VIP seats for Exclusive Entertainment, Silent Auction, Ballroom, Media, Video
 - 8 seats for Photography, Lighting/Sound, Program
- _____ 2. VIP bottle of champagne on Gala table or _____ gift basket delivered after the event.
- _____ 3. Banner Placement at the Event
- _____ 4. Recognition in social media post and in SHF Newsletter
- _____ 5. No additional benefits or recognition.

Sponsorships

Select your sponsorship level, benefits, and payment options below.



Champion Sponsor \$5,000



Decorations Sponsor \$3,500



Victor Sponsor \$2,500



Friend Sponsor \$2,000



Prize Sponsor \$1,500



Wine Sponsor \$1,000



Appetizer Sponsor \$750



Dessert Sponsor \$500



We cannot sponsor, but we wish to make a charitable gift:

\$_____

All sponsors will receive recognition in our program. Champion, Decoration, & Victor sponsors receive verbal recognition during the presentation. Additionally, Non- Exclusive sponsors can select up to **TWO** of the following options. **Please mark selections with an X on the line:**

_____ **1. Seating at the Gala**

- 8 VIP seats for Champion & Decorations
- 8 seats for Victor and Friend
- 6 seats for Prize
- 4 seats for Wine
- 2 seats for Appetizer and Dessert

_____ **2. Recognition in social media post**

_____ **3. Logo and link on SHF website**

_____ **4. No additional benefits or recognition.**

Contact Information

_____ Name

_____ Title

_____ Organization/Individual Name (as you would like it to appear on printed materials)

_____ Address

_____ City,

_____ State

_____ Zip

_____ Email

_____ Phone

Payment Information

Enclosed is a check in the amount of \$_____ (Made payable to the Superior Health Foundation)

Please bill me during the month of _____ (No later than August)



Please bill \$_____ to my credit card

Card Number _____

Expiration Date _____ Credit Card Billing Address (including zip) _____

Signature _____