

BLACK & WHITE

SAINT MARY'S HOSPITAL
GALA 2012

To Benefit the "Reach Out & Read" Program
February 4, 2012
Sponsorship Form

Name: _____

Position: _____
(if appropriate)

Company: _____
(if appropriate)

Address: _____

Telephone: _____
(Work)

Corporate/Individual Sponsorship

<input type="checkbox"/>	Presenting Sponsor Table for 12, a <i>Special Two Page Ad</i> in Program Book and company logo on <i>all</i> printed materials	\$15,000
<input type="checkbox"/>	Platinum Sponsorship Table for 10, a <i>Special Two Page Ad</i> in Program Book and company logo on live auction paddles	\$10,000
<input type="checkbox"/>	Cocktail Sponsorship 8 tickets, a Full Page Ad (7 1/2" x 10") in Program Book and company logo displayed during cocktail hour	\$7,500
<input type="checkbox"/>	Gold Sponsorship 6 tickets and a Full Page Ad (7 1/2" x 10") in the Program Book	\$5,000
<input type="checkbox"/>	Silver Sponsorship 4 tickets and a Half Page Ad (7 1/2" x 5") in the Program Book	\$4,000

_____ Dated _____

_____ Payment Received Amount _____

_____ Sponsor's Name _____

_____ Address _____

**Sponsors please make check payable to:
SAINT MARY'S HOSPITAL FOUNDATION**

_____ Signature of Sponsor Representative _____

_____ Phone Number _____

Mail with check and copy of this form to:

Saint Mary's Hospital Foundation, Inc.
56 Franklin Street Waterbury, CT 06706
Phone: (203) 709-6391 Fax #: (203) 709-3272
Email: hsisbarro@stmh.org
Web: www.stmhfoundation.org

_____ E-Mail:(home) (bus) _____

**DEADLINE FOR SPONSORS IS
FRIDAY, JANUARY 20, 2012**