



## *The Gold Standard*

Join us as we celebrate the 11th Annual Black & White Gala

Please join with community leaders, families and businesses as we celebrate the 11<sup>th</sup> Anniversary of the Black & White Gala, an event that drives positive change in expanding the healthcare services available to the over 100,000 people of Renfrew County. Together with partners and sponsors, the Pembroke Regional Hospital Foundation Galas have raised over \$900,000 to improve and realize our major fundraising goals integral to the advancement of gold standard health care services.

At last year's gala we celebrated the exciting conclusion of the four-year Regional MRI Project and since opening last November, over 3500 people have been diagnosed here, closer to home.

As our hospital continues to move forward and answer to the health care needs of local families, we are asking for your support. Reconstruction of the Surgical Department and the addition of an Orthopedics Program are the next priorities and the focus of our fundraising efforts.

On **October 15, 2016** community, hospital, business and political leaders are gathering to celebrate our local healthcare achievements at the Garrison Petawawa Normandy Officer's Mess. It is the ideal venue to showcase your philanthropic commitment.

As a sponsor, your gift demonstrates your commitment to improving health and wellness in our region by helping ensure the healthcare team has access to the right tools to provide comprehensive health care closer to home for local families.

When considering your gift, there are several levels of sponsorship designed to meet your capacity. Each sponsor will be published both at the event and in the media. Recognizing our diverse range of support, there are added benefits to maximizing your contribution towards advancing medical care in our community.

On behalf of the Black & White Gala Committee, I sincerely thank you for your consideration.

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Ms. Lisa Edmonds. Gala Chair



## 11<sup>th</sup> Annual Black & White Gala *The Gold Standard*

### GIFT OF HUMANITY

\$10,000 +

- ◆ Your name or business displayed on distinctive signage at the Gala entrance
- ◆ One full page in event programme with your name and personal message
- ◆ Complimentary table with premium seating for eight representatives
- ◆ Your name celebrated in official post-event press release
- ◆ Announcement of your Sponsorship in PRH's 'Community Connection' newsletter
- ◆ A message on the hospital television screens and our Facebook page announcing your gift
- ◆ Your name included in a post-event thank you advertisement
- ◆ A valuable tax receipt

### GIFT OF HEALING

\$5,000 - \$9,999

- ◆ Your name or business displayed on distinctive signage at the Gala
- ◆ Half page in event programme with your name and personal message
- ◆ Premium seating for two individuals
- ◆ Announcement of your Sponsorship in PRH's 'Community Connection' newsletter
- ◆ A message on the hospital television screens and our Facebook page announcing your gift
- ◆ Your name included in a post-event thank you advertisement
- ◆ A valuable tax receipt

### GIFT OF HOPE

\$2,500 - \$4,999

- ◆ Your name or business displayed on distinctive signage at the Gala
- ◆ Half-page in event programme with your name and personal message, and business logo
- ◆ Announcement of your Sponsorship in PRH's 'Community Connection' newsletter
- ◆ A shared slide on the hospital television screens and our Facebook page announcing your gift
- ◆ Your name included in a post-event thank you advertisement
- ◆ A valuable tax receipt

### GIFT OF COMPASSION

\$1,000 - \$2,499

- ◆ Your name or business displayed on distinctive signage at the Gala
- ◆ Your name displayed in event programme with your business logo if applicable
- ◆ Announcement of your Sponsorship in PRH's 'Community Connection' newsletter
- ◆ A shared slide on the hospital television screens and our Facebook page announcing your gift,
- ◆ Your name included in a post-event thank you advertisement
- ◆ A valuable tax receipt

### GIFT OF CARING

\$500 - \$999

- ◆ Your name displayed in event programme, as well as on signage at the event
- ◆ Announcement of your Sponsorship in PRH's 'Community Connection' newsletter
- ◆ Your name included in a post-event thank you advertisement
- ◆ Your name included in a post-event hospital television screens and our Facebook page
- ◆ A valuable tax receipt

### GIFT OF COMFORT

\$100 - \$499

- ◆ Your name displayed in event programme
- ◆ Announcement of your Sponsorship in PRH's 'Community Connection' newsletter
- ◆ Your name included in post-event hospital television screens, and our Facebook page
- ◆ Your name included in a post-event thank you advertisement
- ◆ A valuable tax receipt



# 11<sup>th</sup> Annual Black & White Gala

## Sponsorship & Ticket Confirmation

Yes, I would like to SPONSOR the Black & White Gala

- |  |   |
|--|---|
| <input type="checkbox"/> Gift of Humanity (\$10,000 +)       | <input type="checkbox"/> Gift of Compassion (\$1,000 - \$2,499) |
| <input type="checkbox"/> Gift of Healing (\$5,000 - \$9,999) | <input type="checkbox"/> Gift of Caring (\$500 - \$999)         |
| <input type="checkbox"/> Gift of Hope (\$2,500 - \$4,999)    | <input type="checkbox"/> Gift of Comfort (\$100 - \$499)        |

Sponsorship Amount \$ \_\_\_\_\_

Total Ticket Amount \$ \_\_\_\_\_

Yes, I would like to purchase \_\_\_\_\_ TICKET(S) @ \$175 each

**GRAND TOTAL (Sponsorship + Ticket(s))** \$ \_\_\_\_\_

### SPONSORSHIP INFORMATION (required by October 02, 2016)

For *Corporate* Sponsorships, please email your company logo to [foundation@pemreghos.org](mailto:foundation@pemreghos.org)  
 For *Personal* Sponsorships, please list how your name(s) should appear in the event programme  
**NOTE:** For Gifts of Humanity, Gifts of Healing, and Gifts of Hope, please include a personal message

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### PAYMENT INFORMATION:

Cash    Cheque    Credit Card    Debit   Credit Card Type:    Visa    MasterCard    American Express

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### PLEASE SEND RECEIPT TO:

Name: \_\_\_\_\_

Company/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

### TICKET INFORMATION (please list the names of *each* individual you are purchasing tickets for)

Ticket Holder Full Name (Please Print)	Title (Mr. Ms. Dr. etc.)	Dietary Requests (ie: vegetarian, allergies)	Ticket #	✓
			(Office Use Only)	

### SEATING (please list any seating preferences)

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