



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

Please join with community and business leaders as we celebrate the 14<sup>th</sup> Anniversary of the Black & White Gala, an event that drives positive change in expanding the health care services available to the over 95,000 people across Renfrew County. Together with partners and sponsors, the Pembroke Regional Hospital Foundation Galas have helped realize our major fundraising goals that support gold-standard health care services at Pembroke Regional Hospital.

We are so grateful to each person and business that makes our local families and their health care needs a charitable priority. As our Hospital continues to move forward and expand programs and services for regional families, we are asking for your support. Our current priority and the focus of our fundraising efforts is the *Cutting Edge Campaign*: reconstruction of the in-patient surgical floor and supporting the Orthopedic Program at the Pembroke Regional Hospital.

On **October 19<sup>th</sup>, 2019** community, hospital, business and political leaders will gather to celebrate our local health care achievements and plan for the future.

As a guest and/or sponsor, your support demonstrates your dedication to improving health and wellness in our region. Most importantly, your gift may benefit a family member, a friend or a neighbour.

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. In recognizing our diverse range of support, there are added benefits to maximizing your contribution towards advancing medical care in our community. All contributions are greatly appreciated as we work together to bring state-of-the-art health care to local families.

On behalf of the Black and White Gala Committee, thank you for your consideration.

Ms. Laura Carroll, Black & White Gala Committee Chair





## 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, business logo and a personal message
- ◆ Complimentary table with premium seating for eight attendees
- ◆ Your name displayed on the Central Donor Wall at PRH
- ◆ Your name or your business name celebrated in official *sponsorship announcement* press release
- ◆ Your name recognized in the official *Gala* press release
- ◆ Announcement in the PRH regional *Community Connection* newsletter & PRHF social media platforms
- ◆ Your logo included on our Black & White Gala Poster
- ◆ Your name in post-Gala *Thank You* advertisement in the news
- ◆ A valuable tax receipt

## GIFT OF HEALING

\$5,000 - \$9,999

- ◆ Your name or business displayed on distinctive signage at the Gala
- ◆ A half-page in event programme with your name, business logo and a personal message
- ◆ Complimentary seating for two guests
- ◆ Your name included on the Central Donor Wall displayed at PRH
- ◆ Announcement in the PRH regional *Community Connection* newsletter & PRHF social media platforms
- ◆ Your name in post-Gala *Thank You* advertisement
- ◆ A valuable tax receipt

## GIFT OF HOPE

\$2,500 - \$4,999

- ◆ Your name or your business name displayed on distinctive signage at the Gala
- ◆ One-third of a page in the event programme with your name and business logo and a personal message
- ◆ Announcement in the PRH regional *Community Connection* newsletter & PRHF social media platforms
- ◆ Your name in post-Gala *Thank You* advertisement
- ◆ A valuable tax receipt

## GIFT OF COMPASSION

\$1,000 - \$2,499

- ◆ Your name or your business name displayed on distinctive signage at the Gala
- ◆ Your name or your business name and logo displayed in the event programme
- ◆ Announcement in the PRH regional *Community Connection* newsletter & PRHF social media platforms
- ◆ Your name in post-Gala *Thank You* advertisement
- ◆ A valuable tax receipt

## GIFT OF CARING

\$500 - \$999

- ◆ Your name or your business name displayed on distinctive signage at the Gala
- ◆ Your name or your business name displayed in the event programme
- ◆ Announcement of your sponsorship in PRH regional *Community Connection* newsletter
- ◆ Your name in post-Gala *Thank You* advertisement
- ◆ A valuable tax receipt

## GIFT OF COMFORT

\$150 - \$499

- ◆ Your name or your business name displayed in the event programme
- ◆ Announcement of your sponsorship in PRH regional *Community Connection* newsletter
- ◆ Your name in post-Gala *Thank You* advertisement
- ◆ A valuable tax receipt



# 14<sup>th</sup> Black & White Gala Sponsorship & Ticket Confirmation

To sponsor the 14th Black & White Gala and/or to purchase Black and White Gala tickets, please complete this form and return it by email, fax, mail or in-person **by Friday, October 4th.**

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

- Gift of Humanity (\$10,000+)
- Gift of Healing (\$5,000 - \$9,999)
- Gift of Hope (\$2,500 - \$4,999)
- Gift of Compassion (\$1,000 - \$2,499)
- Gift of Caring (\$500 - \$999)
- Gift of Comfort (\$150 - \$499)

Total Sponsor  
Amount:  
\_\_\_\_\_

For **Corporate Sponsorships**, please email your company logo to foundation@prh.email

For **Personal Sponsorships**, please list how your name(s) should appear in the event programme.

For **Gifts of Humanity, Gifts of Healing and Gifts of Hope**, please include a personal message (if desired) to be included in the Gala event programme.

\_\_\_\_\_

\_\_\_\_\_

## Yes, I would like to purchase tickets to the Gala

I would like \_\_\_\_\_ Ticket(s) at \$175 each taking place on Sat. October 19th 2019

Total Ticket  
Amount:  
\_\_\_\_\_

## Payment Information:

Total Amount Owing: \$ \_\_\_\_\_

- My cheque payable to **Pembroke Regional Hospital Foundation** is enclosed.
- I prefer to pay by credit card. Please bill my:
  - Visa     MasterCard     American Express

Card No.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Expiry Date

Signature

## Please Send Receipt to:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## Ticket Information (please list the names of each individual you are purchasing a ticket for)

Ticket Holder Full Name (Please print)	Title (e.g. Mr. Ms. Dr.)	Dietary Requests (eg. Vegetarian)	Ticket #	✓
			(Office use only)	

Please list any seating preferences: \_\_\_\_\_