



Sponsorship Levels for Memorial Hospital Legacy Gala 2014
September 27, 2014 • Attitash Grand Summit, Bartlett NH
200 Guests

Legacy Diamond \$10,000+

2 Tables of 8 Guests
Membership in the Mt. Washington Legacy Society
Sponsor Recognition at the Tables
Prime Seating at the Gala
2 Prominent Full Page Color Advertisement(s) in the Gala Program
Recognition at the Event, in the Program and Link with Your Business Logo on the Legacy Gala's Web Page

Leadership \$5,000+

1 Table of 8 Guests
Sponsor Recognition at Your Table
1 Full Page or 2 Half Page Color Advertisement(s) in the Gala Program
Prime Seating at the Gala
Recognition at the Event, in the Program, and Link with Your Business Logo on the Legacy Gala's Web Page

Mentor \$2,500+

4 Tickets to the Gala
1 Prominent Half Page Color Advertisement(s) in the Gala Program
Recognition at the Event, in the Program, and Link with Your Business Logo on the Legacy Gala's Web Page

Community Partner \$1,000+

2 Tickets to the Gala
1 Half Page Color Advertisement in the Gala Program
Recognition at the Event, in the Program, and Link and Your Business Logo on the Legacy Gala's Web Page

Ambassador \$500+

1 Quarter Page Color Advertisement in the Gala Program
Recognition in the Program, and Link and Your Business Logo on the Legacy Gala's Web Page

Supporter \$250+

Listing in the Program
Link and Listing on the Legacy Gala's Web Page



Corporate Sponsorship Form

Name (Company/Group): _____

Contact Person: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____ Fax: _____

We have reviewed the benefits and have selected the following sponsorship level:

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legacy Diamond | Leadership | Mentor | Community Partner | Ambassador | Supporter |
| \$10,000+ | \$5,000+ | \$2,500+ | \$1,000 | \$500+ | \$250+ |

Payment Method: Sponsorships may be secured and paid for online at www.memorialhospitalnh.org/gala

Check # _____ enclosed | Credit Card: Debit _____ Visa _____ Master Card _____ Amex _____

Please make checks payable to Memorial Hospital Foundation

Credit Card # _____ Expiration Date: _____ V-Code: _____

Sponsor Contact Signature: _____

Sponsor Contact Printed Name: _____

Please return this form and your check (if applicable) to:
Memorial Hospital Foundation, 3073 White Mountain Highway, North Conway, NH 03860

Please email your company logo and program ad in a digital format* to jphillips@memorialhospitalnh.org

*Full page ads are 5" wide x 7.5" high. Half page ads are 5" wide x 3.5" high. Quarter page ads are 2.375" wide x 3.5" high.
Please submit high resolutions files prepared in CMYK color in any of the following acceptable file formats: pdf, tiff or jpg

Please note: To ensure full print benefits, program ads and logos must be received by Sept. 1, 2014

Thank you for your support.

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