

14th ANNUAL *PROFILES OF EXCELLENCE* GALA – SATURDAY, MARCH 21, 2009
HYATT REGENCY PIER SIXTY-SIX RESORT IN THE CRYSTAL BALLROOM

Please consider one of the following Sponsorship Levels:

GALA BENEFACTOR – \$25,000 (Only one at this level)

- ✦ Name Recognition and Full Page Color Ad (Back Outside Cover) in Event Program Journal
- ✦ Presence on Stage during Program
- ✦ Acknowledgement in CEO / Chair's Message
- ✦ Prominent Acknowledgement on Gala Signage
- ✦ Prominent Acknowledgement in Press Releases, Newsletter and on Website
- ✦ Photo Opportunity with Key Figures
- ✦ VIP Table for Twelve with special gift for each of your guests

PREMIER BENEFACTOR – \$15,000 (Only two at this level)

- ✦ Name Recognition and Full Page Ad (Inside Covers) in Event Program Journal
- ✦ Presence on Stage during Program
- ✦ Acknowledgement in CEO / Chair's Message
- ✦ Prominent Acknowledgement on Gala Signage
- ✦ Prominent Acknowledgement in Press Releases, Newsletter and on Website
- ✦ Photo Opportunity with Key Figures
- ✦ Table of Ten with Signage

GRAND BENEFACTOR - \$10,000

- ✦ Name Recognition and Full Page Ad in Event Program Journal
- ✦ Presence on Stage during Program
- ✦ Acknowledgement in CEO / Chair's Message
- ✦ Prominent Acknowledgement on Gala Signage
- ✦ Acknowledgement in Press Releases, Newsletter and on Website
- ✦ Table for Ten with Signage

PREMIER SPONSOR - \$5,000

- ✦ Name Recognition and Full Page Ad in Event Program Journal
- ✦ Acknowledgement in CEO / Chair's Message
- ✦ Prominent Acknowledgement on Gala Signage
- ✦ Acknowledgement in Newsletter and on Website
- ✦ Seating for Six

GRAND SPONSOR - \$2,500

- ✦ Name Recognition and Half Page Ad in Event Program Journal
- ✦ Acknowledgement in Newsletter
- ✦ Seating for Four

SPONSOR - \$1,500

- ✦ Name Recognition and Half Page Ad in Event Program Journal
- ✦ Seating for Two

PLEASE SEE SECOND PAGE TO INDICATE METHOD OF PAYMENT.

**14TH ANNUAL *PROFILES OF EXCELLENCE* GALA
SATURDAY, MARCH 21, 2009 – SPONSOR FORM**

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SELECT LEVEL/OPPORTUNITY:

_____	GALA BENEFACTOR	\$25,000
_____	PREMIER BENEFACTOR	\$15,000
_____	GRAND BENEFACTOR	\$10,000
_____	PREMIER SPONSOR	\$ 5,000
_____	GRAND SPONSOR	\$ 2,500
_____	SPONSOR	\$ 1,500

___ INDIVIDUAL TICKET(S) @ \$175 EACH (COST - \$125.00 EACH) OR ___ TABLE(S) OF TEN @ \$1,750

I AM SORRY THAT I AM UNABLE TO ATTEND BUT WISH TO MAKE A DONATION OF \$ _____

EVENT PROGRAM JOURNAL – BLACK & WHITE ONLY

FULL PAGE AD	\$ 750 (7½” WIDE X 10” HIGH – PORTRAIT STYLE)
HALF PAGE AD	\$ 500 (7½” WIDE X 5” HIGH – LANDSCAPE STYLE)
QUARTER PAGE AD	\$ 250 (3¾” WIDE X 5” HIGH – PORTRAIT STYLE)
BUSINESS CARD	\$ 150 – PLEASE SEND ACTUAL CARD WITH SPONSOR FORM.

METHOD OF PAYMENT:

Total amount enclosed: \$ _____.

Please make checks payable to Henderson Mental Health Center.

Please charge my credit card according to the following information:

[] American Express [] MasterCard [] Visa

Credit Card #: _____ Expiration Date: ____/____

Name as it appears on Card: _____

Authorized Signature: _____

Please send an invoice to me at the address above.

Please complete by Friday - February 27, 2009, and return to:

Karen Drumheller, Director of Development

Phone: 954-777-1624 Fax: 954-735-6717