

# Huggins Hospital Heroes Gala

Thursday, July 11, 2019, on the M/S Mount Washington in Wolfeboro

## SPONSORSHIP OPPORTUNITIES



**Join us for the Huggins Hospital Heroes Gala!**  
The event will honor our local Emergency Medical Services heroes and proceeds will fund critical emergency services essential to our rural community.

### **SUPERHERO Presenting Sponsor: \$10,000**

- Exclusive key sponsorship of Gala
- Signage in main banquet hall
- Eight tickets for guests
- Full-page ad in program
- Opportunity to speak at gala
- Mention in all marketing

### **SIGNATURE DRINK: \$3,000**

- Exclusive with logo on drink glass (200)
- Four tickets for guests
- Sign at both bars
- Logo in program

### **ENTERTAINMENT: \$2,000**

- Exclusive and sign near DJ
- Four tickets for guests
- Logo in program

### **WELCOME TABLE: \$1,500**

- Sign at greeting table
- Logo in program
- Two tickets for guests

### **Family: \$250**

- Listed in program

### **FIRST RESPONDER: \$5,000**

#### **SPECIAL 2-EVENT OPPORTUNITY!**

- 8 available
- Includes sponsorship of **both** Gala & Golf Classic
- Eight tickets for guests and a foursome for golf
- Listing in both the Gala and Golf programs
- Signage on board

### **HOMETOWN HEROES: \$2,500**

- 4 available
- Signage on board
- Logo in program
- Four tickets for guests

### **BAR: \$2,000**

- Four tickets for guests
- Sign at bar
- Logo in program

### **SILENT AUCTION TABLE: \$1,000**

- Sign at silent auction table
- Listed in program
- Two tickets for guests

### **Friends: \$100**

- Listed in program

**Please fill out and return the form on the back of this page.**

# Sponsorship Form

Company/Personal Name:

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Contact Person:

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Address:

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City/State/Zip:

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Phone and E-mail:

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SPONSORSHIP LEVEL:

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## PAYMENT

Check enclosed (made payable to Huggins Hospital)

Please charge my credit card (fill out information below)

Amount: \_\_\_\_\_ Charge type: \_\_\_\_\_ (Visa, Mastercard, Discover, AmX)

Name as it appears on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing address: \_\_\_\_\_

Signature: \_\_\_\_\_

*For more information or to submit your sponsorship, please contact:*

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a member of GraniteOne Health