## St. Joseph's Signature Event 2022 Sponsorship Opportunities

Support Critical Capital Needs at St. Joseph's Hospital Today!

	Presenting \$25,000	Miracle \$15,000	Champion \$10,000	Hope \$5,000
Event Night Benefits	<del>420,000</del>	<b>\$10,000</b>	<b>\$10,000</b>	φοισου
Premier seating for 30 guests (three tables of ten)	-			
Preferred seating for 20 guests (two tables of ten)		•	•	
Seating for 10 guests (one table)				•
Marketing Benefits				
Recognition on 4,000+ Signature Event invitations (if committed by September 2, 2022)	-	•		•
Full-page color ad in event program 8.5X5.5 Portrait	-	•		
Half-page color ad in event program 4.25X5.5 Landscape			-	
Quarter-page color ad in event program 2.75X4.25 Portrait				•
Opportunity to distribute branded commemorative gift(s) to guests (at sponsor's cost)	-	•		
Recognition from the podium during event	•	•		•
Opportunity for a recognition on SJF email blasts	Large logo	Medium Logo	Small Logo	Small Logo
Opportunity for a corporate spotlight on SJF social media platform	4 times with paid boost	3 times	2 times	1 time
Company logo and website link on St. Joseph's website	•	•	-	-
Banner sign recognition at event	•	•	•	•
Lunch with St. Joseph's leadership for four guests	•	•		
Lunch & Simulation Lab experience for four guests			•	
Ongoing Benefits				
Recognition in St. Joseph's Foundation Annual Impact Report	•	•	•	•

## Individual:

**\$127 per person** (127 years of saving lives)

For info, visit SupportStJosephs.org/SignatureEvent

\$250 per couple





## **Signature Event Sponsorship Opportunities**

November 17, 2022

Yes! We support critical capital needs today at St. Joseph's Hospital

Company/Organization Name:			
Address:			
City:	State:	Zip:	
Website Address:			
Recognition Name:			
Please be specific about how you wish to	be recognized of if	you wish for the gift to be anonymous.	
Contact Name:		Title:	
Phone:	Email:		
Spo	nsorship Level	s	
☐ \$25,000 Presenting Sponsor		\$5,000 Hope Sponsor	
☐ \$15,000 Miracle Sponsor	□ 4	Donation	
□ \$10,000 Champion Sponsor	□ <b>4</b>	<u> </u>	
To ensure sponsorship recognition Vanessa.Graham@DignityHealth.org by			
	Payment		
□ I have enclosed a check (payable to St.	Joseph's Foundati	ion) for \$	
□ Please send an invoice.			
<ul> <li>Charge the credit card provided below for</li> </ul>	or \$		
Name on Card:			
gnature: Date:			
Credit Card #:			
Exp. Date:	. Date: CVV Code:		
St. Joseph's Foundatio	n is a 501(c)3 non-p	orofit organization.	

Contributions to SJF are tax-deductible to the limits allowed by law. SJF's tax ID 94-2941245. **RETURN THIS FORM TO:** 

St. Joseph's Foundation ATTN: Vanessa Graham 124 W. Thomas Road, Suite 250 Phoenix, AZ 85013

Or email to <u>Vanessa.Graham@DignityHealth.org</u>
For questions, contact Vanessa Graham at 602.406.1046 or <u>Vanessa.Graham@dignityhealth.org</u>