

DIGNITY HEALTH
ST. JOSEPH'S HOSPITAL

Signature Event

Raising funds for medical innovation

Thursday, November 14, 2024

5:30 PM | Heard Museum

Honorary Chairs

Sister Rachel Torrez
Sister M. Richardine Blue
Sister Margaret McBride



**St. Joseph's
Foundation**

A Dignity Health Member



One-night-only evening of exclusive, interactive access to our medical experts and innovative technology as we come together to raise funds for medical innovation at St. Joseph's Hospital and Medical Center.

With your continued support, St. Joseph's can meet today's ever evolving needs while unlocking the transformational opportunities that future-proof healthier tomorrows.



SupportStJosephs.org/SignatureEvent

Event Co-Chairs
Linda Hurt and Patty White



Sponsorship Benefits



Event Night Benefits

No split sponsorships

Premier seating for 36 guests with complimentary champagne (three tables of 12)	✓				
Preferred seating for 30 guests (three tables of 10)		✓			
Seating for 20 guests (two tables of 10)			✓		
Seating for 10 guests (one table)				✓	✓

Marketing Benefits

Recognition on Signature Event invitations (if committed by July 31, 2024)					
Special event giveaway	✓				
Opportunity to have St. Joseph's healthcare leader seated at your table	✓				
Full-page color ad in event program 8.5 X 5.5 Portrait	✓	✓			
Half-page color ad in event program 4.25 X 5.5 Landscape			✓		
Quarter-page color ad in event program 2.75 X 4.25 Portrait				✓	
Company/name listed in event program					✓
Recognition from the podium during event	✓	✓	✓	✓	✓
Company logo and website link on St. Joseph's Foundation website	✓	✓	✓	✓	
Banner sign recognition at event	✓	✓	✓	✓	
Recognition on St. Joseph's Foundation email blast	3 emails	2 emails	1 email	1 email	
Company logo on a step and repeat banner	✓	✓			

Individual Ticket: \$500

Questions? Contact Us!

Stephanie Lang, Development Officer
(602) 406-1046 | Stephanie.Lang@DignityHealth.org



Thursday, November 14, 2024

Sponsorship Form

Yes! We support medical innovation needs at
St. Joseph's Hospital and Medical Center

Company/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____

Recognition Name: _____

Please be specific about how you wish to be recognized or if you wish for the gift to be anonymous.

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Sponsorship Levels

___ \$50,000 Presenting Sponsor ___ \$25,000 Premier Sponsor ___ \$10,000 Champion Sponsor

___ \$15,000 Miracle Sponsor ___ \$5,000 Hope Sponsor ___ \$500 individual ticket

___ I cannot attend, but would like to make a tax-deductible gift of \$_____

To ensure sponsorship recognition, please submit your logo to Evie.Haertl@DignityHealth.org and
check made payable to St. Joseph's Foundation by October 10, 2024.

Payment Information

___ Please invoice me

___ Please charge my credit card

___ Check enclosed (payable to St. Joseph's Foundation)



Make payment online
by scanning QR code

Name on credit card: _____

Credit Card #: _____

Exp. Date: _____ CVV Code: _____

Signature: _____ Date: _____

Return completed form by mail:

St. Joseph's Foundation
124 West Thomas Road, Suite 250
Phoenix, AZ 85013

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