

ST. JOSEPH'S
HOSPITAL & MEDICAL CENTER

Signature Event

RAISING FUNDS FOR MEDICAL INNOVATION

THURSDAY, NOVEMBER 5, 2026
5:30 PM | PHOENIX ART MUSEUM



**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
Robert Milligan and Michael O'Connor

Sponsorship Benefits

Presenting
\$50,000

Premier
\$25,000

Miracle
\$15,000

Champion
\$10,000

Hope
\$5,000

Event Night Benefits

No split sponsorships

Premier seating for 32 guests with complimentary champagne (four tables of 8)	✓				
Preferred seating for 24 guests (three tables of 8)		✓			
Seating for 16 guests (two tables of 8)			✓		
Seating for 8 guests (one table)				✓	✓

Marketing Benefits

Recognition on Signature Event invitation (If committed by October 21, 2026)	✓	✓	✓		
Branded event giveaway	✓				
Opportunity to host a St. Joseph's hospital 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					✓
Verbal 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	2 emails	2 emails			
Recognition on St. Joseph's Foundation's social media accounts	3 posts	3 posts	2 posts	1 post	

Individual Ticket: \$625

Questions? Contact Us!

Rose Bell, St. Joseph's Foundation
602.406.1044 | Rose.Bell@CommonSpirit.org



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 ___ \$15,000 Miracle Sponsor

___ \$10,000 Champion Sponsor ___ \$5,000 Hope Sponsor ___ \$625 individual ticket

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

To ensure sponsorship recognition, please submit your logo to Rose.Bell@CommonSpirit.org and
check made payable to St. Joseph's Foundation by October 21, 2026.

Payment Information

___ Please invoice me

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

If you wish to pay using a credit card, please go to
SupportStJosephs.org/SignatureEvent, or call Rose Bell at (602)406-1044



Make payment online
by scanning QR code

Return completed form by mail:

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

Questions? Contact Us!

Rose Bell, St. Joseph's Foundation
602.406.1044 | Rose.Bell@CommonSpirit.org
SupportStJosephs.org/SignatureEvent