

# *An Evening with Shannon Miller*

SEVEN-TIME OLYMPIC MEDALIST & OVARIAN CANCER SURVIVOR

*Thursday, April 16, 2020*

## SPONSORSHIP OPPORTUNITIES

**\$10,000**

### PLATINUM SPONSOR

- 16 invitations to VIP Reception
- Premier seating for two tables of 8 (total 16)
- Prominent recognition in pre-event marketing materials, including invitations, website, social media
- Full page listing in Program
- Recognition and signage at event

**\$7,500**

### GOLD SPONSOR

- 8 invitations to VIP Reception
- Premier seating for one table of 8
- Prominent recognition in pre-event marketing materials, including invitations, website, social media
- Full page listing in Program
- Recognition and signage at event

**\$5,000**

### SILVER SPONSOR

- 4 invitations to VIP Reception
- Preferred seating for one table of 8
- Prominent recognition in pre-event marketing materials, including invitations, website, social media
- Half page listing in Program
- Recognition and signage at event

**\$2,500**

### BRONZE SPONSOR

- 2 invitations to VIP Reception
- Preferred seating for one table of 8
- Recognition in pre-event marketing materials, including invitations, website, social media
- Quarter page listing in Program
- Recognition and signage at event

**\$1,000**

### HONORABLE MENTION SPONSOR

- Reserved seating for one table of 8
- Eighth page listing in Program
- Recognition and signage at event

### *Sponsorship Deadline*

Recognition at Event:

**March 26, 2020**

For questions, please contact  
[foundation@artesiageneral.com](mailto:foundation@artesiageneral.com).

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**SPONSORSHIP RSVP**

## *Sponsorship Level*

- \$10,000 – PLATINUM SPONSOR
- \$7,500 – GOLD SPONSOR
- \$5,000 – SILVER SPONSOR
- \$2,500 – BRONZE SPONSOR
- \$1,000 – HONORABLE MENTION SPONSOR

## *Sponsorship Contact Information*

**Name / Logo for Recognition:** \_\_\_\_\_

For logo recognition, please send as eps, png or jpg to [foundation@artesiageneral.com](mailto:foundation@artesiageneral.com)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## *Additional Support*

I / We would like to make an additional gift: \$ \_\_\_\_\_

## *Payment Options*

Enclosed is my check made payable to: Artesia General Hospital Foundation

Please charge my credit card in the amount of \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Zipcode: \_\_\_\_\_

CC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

*Return by mail or email:*

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