



BASH

BENEFITTING · A · SUPERIOR · HOSPITAL

MEDINA HOSPITAL FOUNDATION

1000 E. Washington Street, Medina, OH 44256

Phone: 330.721.5941 • Fax: 330.721.5110

kern@ccf.org

Event Date:

October 19, 2019

Location:

Weymouth Country Club

Commitment Due Date:

September 15, 2019

Tax I.D. 34-1657989

(We will gladly invoice your commitment later during 2019)

SPONSOR (Company or Individual Name) _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____ Contact Person _____

SPONSORSHIP OPTIONS: (Sponsor questions, contact: Randy Fuerst, Executive Director: 330.721.5940 or fuerstr@ccf.org.)

- ☐ Signature Sponsor \$5,000 (full page program ad, website, sponsor display, table of 8, \$4,280 tax-deductible) *
- ☐ Table Sponsor \$2,500 (3/4 page program ad, website, table recognition, table of 8, \$1,780 tax-deductible) *
- ☐ Silver Sponsor \$2,000 (half page program ad, website, sponsor display, 4 guests, \$1,640 tax-deductible) *
- ☐ Bronze Sponsor \$1,000 (quarter page program ad, website, sponsor display, 2 guests, \$820 tax-deductible) *
- ☐ Advertising Opportunity \$ 500 I am interested in a specific advertising opportunity
(Examples: dinner wine, appetizers, photos, etc.: value will be \$500 or more.)
Please contact me at: _____

☐ Program Advertising Please circle choice:

Full pg (5½ x 8½") = \$500 ¾ pg (5½ x 6½") = \$350 half pg (2½ x 4") = \$250 qtr pg (2¼ x 4") = \$125 Bus card = \$50

* Please send your ad and company logo to kern@ccf.org by **September 15, 2018**.

Logo should be high resolution, optimized for online viewing, at least 300 pixels. (Sponsoring individuals will be recognized in a business card format on our website and program).

Thank you for your generous support of Priority Projects at Medina Hospital!

☐ Check Enclosed

☐ Please Invoice: I prefer to be invoiced in ____Jul ____Aug ____Sep ____Oct 2018

☐ Please charge my: Visa / MC / Discover / AMEX

For payment by credit card: Account # _____

Expiration Date: _____ Security Code _____ (Appears on back of card – on front on AMEX)

Name as it appears on card: _____

Authorized Signature: _____

FOR OFFICE USE ONLY:

☐ Database

☐ Ack. Card

☐ Invoiced

☐ Rec'd