



AUBURN COMMUNITY HOSPITAL

# FIRE & ICE

## *Annual Gala*

### SPONSORSHIP OPPORTUNITIES

#### EXCLUSIVE

#### Diamond Sponsor | \$15,000

- Three tables of 10
- Opportunity to speak at event
- Name announced at event
- Logo on ACH website with link
- Logo in program
- Acknowledged on ACH social media
- Acknowledged on event signage

#### Black Onyx Sponsor | \$7,500

- Two tables of 10
- Name announced at event
- Logo on ACH website with link
- Logo in program
- Acknowledged on ACH social media
- Acknowledged on event signage

#### Platinum Sponsor | \$5,000

- One table of 10
- Name announced at event
- Logo on ACH website with link
- Logo in program
- Acknowledged on ACH social media
- Acknowledged on event signage

#### Gold Sponsor | \$3,500

- Six tickets
- Name announced at event
- Logo on ACH website with link
- Logo in program
- Acknowledged on ACH social media
- Acknowledged on event signage

#### Signage Sponsor | \$2,500

- Four tickets
- Name on ACH website
- Name in program
- Acknowledged on event signage

#### Program Sponsor | \$2,500

- Four tickets
- Name on ACH website
- Name in program
- Acknowledged on event signage

#### Lighting Sponsor | \$2,500

- Four tickets
- Name on ACH website
- Name in program
- Acknowledged on event signage

#### Decor Sponsor | \$2,500

- Four tickets
- Name on ACH website
- Name in program
- Acknowledged on event signage

#### Entertainment Sponsor | \$2,500

- Four tickets
- Name on ACH website
- Name in program
- Acknowledged on event signage

#### Toast Sponsor | \$2,500

- Four tickets
- Name on ACH website
- Name in program
- Acknowledged on event signage

#### Silver Sponsor | \$500

- Name in program
- Acknowledged on event signage

#### In Kind Sponsor

- Name in program
- Acknowledged on event signage

*Please contact us to discuss details.*

AUBURN COMMUNITY HOSPITAL

# FIRE & ICE

## *Annual Gala*

Sponsor / Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SPONSOR LEVEL \_\_\_\_\_

### PAYMENT AMOUNT

\$15,000    \$7,500    \$5,000    \$3,500    \$2,500    \$500    Other: \$ \_\_\_\_\_

CHECK    CREDIT CARD

Please make checks payable to:

**Auburn Community Hospital Foundation**

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Billing Address / City / Zip \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE RSVP BY  
JANUARY 2, 2024 TO:**

**Bridgette Dautrich**  
**Director of Community Relations**  
Auburn Community Hospital  
17 Lansing Street, Auburn, NY 13021  
P: 315-255-7350  
E: [bdautrich@auburnhospital.org](mailto:bdautrich@auburnhospital.org)

**SCAN THE QR CODE BELOW  
TO PURCHASE TICKETS,  
BECOME A SPONSOR, OR  
MAKE A DONATION.**

