

Gateway Community Health Center, Inc.

2020

Heroes in Healthcare Gala

Premier - \$25,000.00: Previously recorded message from company representative to be presented during virtual presentation. Signage prominently displayed during event presentation. Corporate logo with link on website and all social media. Recognition on all printed materials, including the newspaper and Gateway's newsletter. Sponsor will receive an art piece from a local artist.

Platinum - \$15,000.00: Signage prominently displayed during event presentation. Corporate logo with link on website and all social media. Recognition on all printed materials, including the newspaper and Gateway's newsletter. Sponsor will receive an art piece from a local artist.

Gold - \$10,000.00: Corporate logo with link on website and all social media. Recognition on all printed materials including the newspaper and Gateway's newsletter. Sponsor will receive an art piece from a local artist.

Silver - \$5,000.00: Listing on website and all social media. Recognition on all printed materials including the newspaper and Gateway's newsletter. Sponsor will receive an art piece from a local artist.

Bronze - \$2,500.00: Listing on website, recognition on all printed materials and Gateway's newsletter. Sponsor will receive an art piece from a local artist.

Copper - \$1,500.00: Listing on website, recognition on printed program and Gateway's newsletter. Sponsor will receive an art piece from a local artist.

Individual Donation - \$150.00: Sponsor will receive an art piece from a local artist.

Contributions are tax-deductible

<https://www.cicf.org/2020/04/07/cares-act-provisions-related-to-charitable-giving/>

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2020
Heroes
in Healthcare Gala
Sponsorship Levels

Premier \$25,000.00

Platinum \$15,000.00

Gold \$10,000.00

Silver \$5,000.00

Bronze \$2,500.00

Copper \$1,500.00

Individual Donation \$150.00

Contact Name: _____

Company/Individual Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

Method of Contribution: _____

Please invoice us Check (Payable to Gateway Community Health Center, Inc.)

Master Card VISA American Express Discover

Account No. _____ Exp. Date: _____

Name listed on Card: _____ CID #: _____

Signature: _____

Thank you for your Support

All Contributions are tax-deductible to the extent permitted by law.