



CORNERSTONE FAMILY HEALTHCARE CHARITABLE FOUNDATION

Mint Jubilee

Saturday, May 4, 2024 at Five O'Clock in the Evening
West Hills Country Club | Middletown, NY

SPONSORSHIP & TICKET INFORMATION

- ☐ **PREMIERE SPONSOR - \$20,000**
- TWENTY (20) TICKETS WITH VIP SEATING
 - FULL-PAGE PRINT JOURNAL AD: COVER OR CENTER SPREAD
 - LOGO AND LINK ON EVENT WEBSITE
 - RECOGNITION ON SOCIAL MEDIA & EVENT PROMO MATERIALS

- ☐ **DIAMOND SPONSOR - \$10,000**
- TEN (10) TICKETS WITH VIP SEATING
 - FULL-PAGE PRINT JOURNAL AD: PROMINENT FRONT SECTION
 - LOGO AND LINK ON EVENT WEBSITE
 - RECOGNITION ON SOCIAL MEDIA & EVENT PROMO MATERIALS

- ☐ **PLATINUM SPONSOR - \$5,000**
- EIGHT (8) TICKETS WITH VIP SEATING
 - FULL-PAGE PRINT JOURNAL AD
 - LOGO AND LINK ON EVENT WEBSITE
 - RECOGNITION ON SOCIAL MEDIA & EVENT PROMO MATERIALS

JOURNAL ADS

- ☐ FULL-PAGE \$750 - 7"W X 10"H (PORTRAIT)
- ☐ HALF-PAGE \$500 - 7"W X 5"H (LANDSCAPE)
- ☐ QUARTER-PAGE \$250 - 3.5"W X 5"H (PORTRAIT)

PLEASE EMAIL HIGH-RES ART TO:
MARKETING@CORNERSTONEFH.ORG **BY APRIL 11, 2024**
PDF, JPG OR PNG FILES PREFERRED

- ☐ **GOLD SPONSOR - \$3,500**
- SIX (6) TICKETS
 - FULL-PAGE PRINT JOURNAL AD
 - LOGO ON EVENT WEBSITE
 - RECOGNITION ON SOCIAL MEDIA

- ☐ **SILVER SPONSOR - \$2,500**
- FOUR (4) TICKETS
 - FULL-PAGE PRINT JOURNAL AD
 - LOGO ON EVENT WEBSITE
 - RECOGNITION ON SOCIAL MEDIA

- ☐ **COCKTAIL SPONSOR - \$1,500**
- TWO (2) TICKETS
 - HALF-PAGE PRINT JOURNAL AD
 - LOGO ON EVENT WEBSITE
 - RECOGNITION ON SOCIAL MEDIA

- ☐ **INDIVIDUAL TICKET - \$300**

**FOR MORE INFORMATION OR TO BUILD
A CUSTOM SPONSORSHIP, PLEASE CONTACT:**
Lauren Naru, VP of Marketing & Development
(845) 220-3152 | LNaru@cornerstonefh.org

Online event registration and payment available at <https://gala2024.square.site>

Proceeds from this event will benefit the Cornerstone Family Healthcare Charitable Foundation,
a non-profit 501(C)(3) organization, and are tax deductible as provided by law. Tax ID: 82-5335397

PLEASE INDICATE YOUR LEVEL OF SUPPORT

Sponsor Level Requested _____ Total: \$ _____

Journal Level Requested _____

of Individual Tickets _____

I am unable to attend, but would like to make a donation of: \$ _____

CONTACT INFORMATION

NAME _____ TITLE _____

COMPANY _____

ADDRESS _____ CITY/ZIP _____

EMAIL _____ PHONE _____

PAYMENT INFORMATION

☐ Credit Card ☐ Visa ☐ Master Card ☐ American Express

☐ Please invoice me

☐ Check enclosed payable to: Cornerstone Family Healthcare Charitable Foundation
2570 Rt. 9W, Suite 10, Cornwall, NY 12518

Scan the QR code
with your phone
to register online:



NAME ON CARD _____

CARD NUMBER _____ EXP. _____ SECURITY CODE _____

SIGNATURE _____ DATE _____

Please seat me with: _____

We will do our best to accommodate requests. Thank you.

