

100 Years of Caring

Eighteenth Annual Gala – February 7, 2009

2009 Sponsorship Form

Please Print or Type

Name: _____

Title
(if appropriate): _____

Company
(if appropriate): _____

Address: _____

Telephone
(Work): _____

Corporate/Individual Sponsorship

<input type="checkbox"/>	<i>Presenting Sponsor</i> Table for 12, a <i>Special Two Page Ad</i> in Program Book and company logo on <i>all</i> printed materials	\$15,000
<input type="checkbox"/>	<i>Platinum Sponsorship</i> Table for 10, a <i>Special Two Page Ad</i> in Program Book and company logo on live auction paddles	\$10,000
<input type="checkbox"/>	<i>Cocktail Sponsorship</i> 8 tickets, a Full Page Ad (7 1/2" x 10") in Program Book and company logo displayed during cocktail hour	\$7,500
<input type="checkbox"/>	<i>Gold Sponsorship</i> 6 tickets and a Full Page Ad (7 1/2" x 10") in the Program Book	\$5,000
<input type="checkbox"/>	<i>Silver Sponsorship</i> 4 tickets and a Half Page Ad (7 1/2" x 5") in the Program Book	\$4,000

Advertisers

Copy for Advertisement

Please attach camera ready-copy, business card or see enclosed sheet of standard ads.

ADVERTISEMENTS ONLY - RATE SCHEDULE

\$3,500
Inside Front Cover

\$2,500
Full Page (7 ½" x 10")

\$600
One Quarter Page (3 ¾" x 5")

\$3,500
Inside Back Cover

\$1,200
One half Page (7 ½" x 5")

\$350
One Eighth Page (3 ¾" x 2 ½")

\$4,500 Back Cover

Advertisers

The Publisher will bear no liability for errors or omissions in the publication, except where an omission or error occurs due to the fault and neglect of the Publisher, the Publisher shall reimburse the Advertiser on a pro rated basis as the error or omission affects the entire advertisement. In the event the Publisher cancels this agreement through no fault of the Advertiser, the Publisher shall reimburse the Advertiser for any and all fees paid hereunder.

The Advertiser warrants that it is authorized and entitled to advertise the business or product represented in the copy included herein and agrees to indemnify the Publisher against all claims, demands or liability arising out of and in any way connected with the publishing or printing of the advertising copy furnished by Advertiser.

Dated

Sponsor/Advertiser's Name

Payment Received Amount

Address

Sponsors and/or Advertisers please make check payable to:
SAINT MARY'S HOSPITAL FOUNDATION

Signature of Sponsor/Advertiser
Representative

Phone Number

Mail with check and copy of this form to:

Saint Mary's Hospital Foundation, Inc.
56 Franklin Street
Waterbury, CT 06706
Phone: (203) 709-6390 Fax #: (203) 709-3272
Email: Kathleen.Gangell@stmh.org
Web address: www.stmh.org/gala

E-Mail:(home) (bus)

DEADLINE FOR SPONSORS/ADVERTISERS IS FRIDAY, JANUARY 30, 2009