



Sponsorship Opportunities

Please join us for our annual gala to be held on Saturday, **October 8, 2011** on the grounds of Washington West. The celebration begins with a cocktail reception at 6:00 pm followed by dinner, with dancing until midnight. Funds raised from this year's Top Hat will support the new Outpatient Infusion Center at Washington Hospital.

\$25,000 ANNIVERSARY

- * 20 exclusive gala seats
- * Speaking opportunity
- * Prominent recognition from stage
- * Corporate logo on invitations
- * Exclusive back cover full-page advertisement in commemorative program
- * Prominent recognition in all media promotions

\$15,000 BENEFACTOR

- * 20 preferred gala seats
- * Recognition from stage
- * Corporate logo on invitations
- * Premium full-page advertisement in commemorative program
- * Prominent recognition in all media promotions

\$10,000 PATRON

Options include: Dinner * Entertainment * Photography * Program * Reception * Tent

- * 10 preferred gala seats
- * Ballroom recognition
- * Name printed on invitations
- * Full-page advertisement in commemorative program
- * Name featured in media promotions

\$5,000 CHAMPION

- * 10 gala seats
- * Ballroom recognition
- * Half-page advertisement in commemorative program

\$3,000 AMBASSADOR

- * 8 gala seats
- * Ballroom recognition
- * Business card or message advertisement in commemorative program

\$2,000 TOP HAT

- * 2 gala seats
- * Ballroom recognition
- * Program recognition

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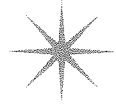


INDIVIDUAL TICKET

* \$250 EACH

PROGRAM ADVERTISEMENTS

- * Premium full page advertisement \$600 - Size: 7" x 7-1/2" (4 premium spaces available)
- * Full page advertisement \$500 - Size: 7" x 7-1/2"
- * Half page advertisement \$350 - Size: 7" x 3-3/4"
- * Quarter page advertisement \$150 - Size: 3-1/2" x 3-3/4"
- * Business card or message advertisement \$100 - Size: 3-1/2" x 2"



Please send camera-ready artwork to sue@kahana.com by September 12, 2011

Pledge Form

NAME/ORGANIZATION _____ PHONE _____

ADDRESS/CITY/ZIP _____ EMAIL _____

I would like to pledge the following:

SPONSOR LEVELS:

- \$25,000 Anniversary \$15,000 Benefactor
- \$10,000 Patron: Dinner Entertainment Photography
 Program Reception Tent
- \$5,000 Champion \$3,000 Ambassador \$2,000 Top Hat



PROGRAM

ADVERTISEMENTS:

- Premium full page ad \$600 (4 premium spaces available)
 Inside back cover Inside front cover Center Left Center Right
- Full page \$500 Half page \$350 Quarter page \$150 Business card/Message \$100

OTHER:

- \$250 Individual Ticket
- I am unable to attend, but would like to make a donation in support of the new Outpatient Infusion Center at Washington Hospital: \$ _____

TOTAL: \$ _____

SIGNATURE OF PERSON MAKING PLEDGE

PAYMENTS ACCEPTED: Check Visa MasterCard American Express Send Invoice

CREDIT CARD NO. _____ EXPIRATION _____ SIGNATURE _____

Please make checks payable to Washington Hospital Healthcare Foundation or WHHF

After completing this form, please return to:

Washington Hospital Healthcare Foundation, 2000 Mowry Avenue, Fremont, CA 94538
Telephone (510) 791-3428 ~ Fax (510) 745-6427 ~ Email foundation@whhs.com



Thank You for Your Support