

# Soirée 2025

## SPONSORSHIP OPPORTUNITIES

		INNOVATION & TECHNOLOGY SPONSOR \$100,000 Tax deductible \$78,000	EXCLUSIVE TITLE SPONSOR \$50,000 <b>SOLD OUT</b> Tax deductible \$31,968	PRESENTING SPONSOR \$30,000 Tax deductible \$19,160	PLATINUM SPONSOR \$20,000 Tax deductible \$15,160	GOLD SPONSOR \$15,000 Tax deductible \$11,420	SILVER SPONSOR \$7,500 Tax deductible \$3,970	VIP TICKET SPONSOR \$3,500 Tax deductible \$1,076
		Available beginning June 1			Available beginning July 1		Available beginning August 1	
PRE-EVENT	Your name incorporated into the name of the event on all promotional material							
	Special recognition on individual signage throughout the event and other predetermined event elements							
EVENT DAY	Table(s) or number of seats	4 Premier tables of 10	3 Premier tables of 12	2 Premier tables of 10	1 Preferred table of 10	1 Preferred table of 10	1 Preferred table of 10	
	Special recognition on the event welcome signs							
	Recognition in the program book	Center page	Color, back cover	Color, inside front (first sponsor only)	Full page	Full page	Full page	
	Special recognition from event stage and on-screen recognition during the reception							
	Premium wine	Premium wine with service	Premium wine with service	Premium wine with service	Premium wine	Premium wine	Premium wine	Premium bottle of wine
	Dedicated server(s)	1 dedicated server per table	1 dedicated server per table	1 dedicated server				
POST-EVENT	Chauffeured transportation to/from the event	Limo service	Limo service	Limo service	Limo service			Town car service
	Special website recognition							
	Permanent recognition on the hospital lobby's Wall of Honor							
	Special acknowledgment on post-event communications							
	Private lunch or dinner with a hospital executive of your choice							

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## UNDERWRITING OPPORTUNITIES

All underwriters will be recognized on underwriting signage and in the Foundation publication, *Dear Neighbor*.

### ENTERTAINMENT • \$75,000

- Tailored recognition element, mutually agreed upon
- Special recognition on priority materials
- Special recognition from the event stage
- Special signage outside of the ballroom
- Recognition in the Evening Program book

### PRODUCTION • \$50,000

- Tailored recognition element, mutually agreed upon
- Special signage outside of the ballroom
- Recognition in the Evening Program book

### DESIGN AND PRINTING • \$15,000

- Your name or logo on event invitations
- Recognition in the Evening Program book and on event signage

### DINNER • \$10,000

- Special signage outside the ballroom
- Recognition in the Evening Program book

### HORS D'OEUVRES • \$10,000

- Special signage at each station
- Recognition in the Evening Program book

### WINE AND SPIRITS WALL • \$10,000

- Special recognition near the Wine and Spirits Wall
- Recognition in the Evening Program book and on event signage

### RED AND WHITE DINNER WINE • \$8,000

- Special signage outside the ballroom
- Recognition in the Evening Program book and on event signage

### CAREGIVERS TABLE • \$5,500

### SISTERS TABLE • \$5,500

- Recognition on event signage
- Recognition in the Evening Program book

### SILENT AUCTION Exclusive Opportunity • \$5,000

(Limited to one donor)

- Your name/logo marketed with auction
- Special signage near auction packages
- Recognition in the Evening Program book

### VALET PARKING • \$3,000

- Special signage recognition near valet location
- Recognition in the Evening Program book

### LIGHTING AND SOUND • \$2,000

- Special signage in the ballroom
- Recognition on event signage
- Recognition in the Evening Program book

### GREEN ROOM • \$2,000

- Special signage outside the Entertainer's Green Room
- Recognition in the Evening Program book and on event signage

### PHOTOGRAPHY • \$1,500

- Special signage in the ballroom
- Recognition on event signage
- Recognition in the Evening Program book

### CAREGIVER TICKET • \$550

### SISTER TICKET • \$550

- Recognition on event signage
- Recognition in the Evening Program book

All sponsorship and underwriting opportunities must be paid in full by Saturday, September 13, 2025 or risk forfeiting associated benefits.



## RESPONSE FORM

Name or Business & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like my name or company name to appear for recognition purposes as follows:**

\_\_\_\_\_

I would like to support the Soirée (Note: all reservations will be held at the door):

☐ \$ \_\_\_\_\_ **Sponsor Level of** \_\_\_\_\_  
(See sponsorship opportunities page for options, deposit amounts and table availability dates).

☐ \$ \_\_\_\_\_ **Underwriter of** \_\_\_\_\_  
(See underwriter opportunities page for options).

☐ **Straight Donation** in the amount of \$ \_\_\_\_\_

☐ **Attendee —**

- **Individual Tickets:** \_\_\_\_\_ at \$550 each (\$229.00 per person tax receiptable) or \_\_\_\_\_ Table(s) at \$5,500\* each (\$2,290.00 per table tax receiptable). Available for purchase starting September 8, based on remaining capacity.)
- An \$800 deposit is required to hold table reservations.

☐ **Gift In Kind —** Please apply my donation toward the purchase of auction items:

\_\_\_\_\_

☐ **Advertise in the evening program book or e-materials.** Ad Deadline is Friday, September 12, 2025.

- |  |   |  |
|--|---|--|
| <input type="radio"/> \$2,500 — Logo/Name on all eblasts | <input type="radio"/> \$300 — Full Page | <input type="radio"/> \$150 — Third Page   |
| <input type="radio"/> \$1,000 — Logo/Name on (3) eblasts | <input type="radio"/> \$200 — Half Page | <input type="radio"/> \$100 — Quarter Page |
| <input type="radio"/> \$500 — Logo/Name on (2) eblasts   |   |  |

**\*All sponsorship, underwriting, advertising and ticket purchases must be paid in full by Saturday, September 13, 2025.**

*See reverse side for payment.*



## RESPONSE FORM CONTINUED – PAYMENT

Please return this form to the address below or visit us online at [sjofoundation.org/soiree2025](http://sjofoundation.org/soiree2025).

☐ **Check payable** to “Providence St. Joseph Hospital Foundation” enclosed in the amount of \$ \_\_\_\_\_

☐ **Please charge** \$ \_\_\_\_\_ to the following: ☐ Discover ☐ Visa ☐ MasterCard ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

☐ **Please keep this credit card on file for event day.**

If you no longer wish to receive solicitations from us, please call the Foundation at 714-347-7900 or check the circle below and return this form, and we will remove your name from our solicitation list.

☐ Please remove me from your solicitation list.