

**SPONSORSHIP OPPORTUNITIES**  
*for*  
**HUDSON VALLEY HOSPITAL CENTER'S**  
**49<sup>th</sup> Annual Auxiliary Ball**  
**Deadline: Friday, October 16, 2009**



**I will become a \$50,000 Benefactor**

(Tax-deductible portion is \$48,250.00)

**Clubhouse Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Outside Back Cover ~ Full Color  
 Champagne & Caviar service during dinner  
 Signage with company logo/name in high traffic area  
 Invitation to private VIP reception

**I will become a \$30,000 Benefactor**

(Tax-deductible portion is \$28,250.00)

**Ballroom Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Inside Front Cover ~ Full Color  
 Champagne & Caviar service during dinner  
 Signage with company logo/name in high traffic area  
 Invitation to private VIP reception

**I will become a \$20,000 Benefactor**

(Tax-deductible portion is \$18,250.00)

**Cocktail Hour Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Inside Back Cover ~ Full Color  
 Champagne service during dinner  
 Signage with company logo/name in high traffic area  
 Invitation to private VIP reception

**I will become a \$15,000 Benefactor**

(Tax-deductible portion is \$13,250.00)

**Technology Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Platinum Level ~ 2 Page Ad Spread  
 Champagne service during dinner  
 Signage with company logo/name in high traffic area  
 Invitation to private VIP reception

**I will become a \$12,500 Benefactor**

(Tax-deductible portion is \$10,750.00)

**Entertainment Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Platinum Full Page ~  
 Priority Placement  
 Champagne service during dinner  
 Signage with company logo/name in high traffic area  
 Invitation to private VIP reception

**I will become a \$10,000 Benefactor**

(Tax-deductible portion is \$8,250.00)

**Décor Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Gold Full Page ~ Priority Placement  
 Champagne service during dinner  
 Signage with company logo/name in high traffic area  
 Invitation to private VIP reception

**I will become a \$7,500 Benefactor**

(Tax-deductible portion is \$5,750.00)

**Valet Parking Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Gold Full Page  
 Signage with company logo/name in high traffic area

**I will become a \$5,000 Benefactor**

(Tax-deductible portion is \$3,250.00)

**Honoree Sponsor**

One gala table, preferred seating for 10  
 Journal Ad ~ Silver Full Page  
 Signage with company logo/name in high traffic area

**SPONSORSHIP PLEDGE AGREEMENT**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\*Needed for Processing & Communication

The Foundation of Hudson Valley Hospital Center is a 501 (c)(3) Not-For-Profit organization.

All donations are tax-deductible according to the law.

Please make checks payable to **The Foundation of Hudson Valley Hospital Center**

Enclosed is my check in the pledge amount of: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Please charge my credit card:  Visa  MasterCard  Discover  American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

If you have any questions please call William Dauster at 914-734-3862 or email: wdauster@hvhc.org

*Please see reverse side for journal ad opportunities*

# JOURNAL AD OPPORTUNITIES

## Deadline: Friday, October 16, 2009

**Ad type (Please check one)**

- Platinum Level Page** \$3,500
- Gold Level Page** \$2,500
- Silver Level Page** \$2,000
- Bronze Level Page** \$1,500
- Full Page B&W** \$1,000
- Half Page** \$500
- Name Listing\*** \$100

**PACKAGES**

- Silver Ad Package: \$2,700**  
- Silver Level Journal Ad  
- Two Tickets
- Full Page B&W Ad Package: \$1,800**  
- B&W Journal Ad  
- Two Tickets

(\*Name Listing one line only)

**Additional Tickets:**  
I will purchase \_\_\_ individual ticket(s) at  
**\$500 per ticket**  
(Tax-deductible portion is \$325.00 per ticket)

**Please check one of the following:**

- Advertisement to be sent via e-mail:  
**(wdauster@hvhc.org)**
- Advertisement copy to follow
- Camera-ready advertisement attached
- Please repeat 2008 ad

**Advertisement Dimensions:**

Full Page    7"    (w) X 7"    (h)  
Half Page    7"    (w) X 3.5"    (h)

**File submission for traditional ads:  
text or B&W art, 600 dpi, PDF format  
preferred.**

Please return the Journal Ad form, hard copy of artwork, and donation pledge to:  
William Dauster  
The Foundation of  
Hudson Valley Hospital Center  
Dempsey House  
1980 Crompond Road  
Cortlandt Manor, NY 10567  
Phone: 914-734-3862  
Fax: 914-736-3459  
Email: wdauster@hvhc.org



**JOURNAL AD PLEDGE AGREEMENT**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\*Needed for Processing & Communication

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Enclosed is my check in the pledge amount of: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Please charge my credit card:  Visa  MasterCard  Discover  American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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