



Sponsorship & Donations Registration Form

My Business/Organization will be a Sponsor for Gala 2017:

- _____ **\$10,000.00 Diamond Sponsor** (Exclusive Sponsorship, includes 3 tables-30 seats, 1 Full-Page Ad & more)
- _____ **\$ 5,000.00 Gold Sponsor** (includes 2 tables-20 seats, 1 Full-Page Ad & more)
- _____ **\$ 2,500.00 Silver Sponsor** (includes 1 table-10 seats, 1 Full-Page Ad & more)
- _____ **\$ 750.00 Bronze Sponsor** (includes 2 seats)
- _____ **\$ 3,000.00 Cocktail Hour** (Exclusive Sponsorship-only 1 available; Sponsor Signage on & near bar)
- _____ **\$5,000.00 Entertainment Sponsor**
- _____ **\$2,000.00 Photography/Video Sponsor**
- _____ **\$1,000.00 Table Sponsor**
- _____ **\$_____.00 Gala Patron** (Write-in amount; \$5.00 minimum)

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Website: _____

Social Media (Facebook, Twitter, YouTube, etc): _____

Please make all donations payable to:



Community HealthNet, Inc.
1021 West 5th Avenue
Gary, Indiana 46402

Community HealthNet Inc. is a 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.

Sponsorships are due by **Friday, May 5, 2017**



ANNUAL GALA SUPPORTERS

