

LADIES HOSPITAL AID SOCIETY

FIRE & ICE gala

Achievement so HOT,
it'll give you CHILLS.

SEPTEMBER 6, 2018
CARNEGIE SCIENCE CENTER
POINTVIEW HALL

SPONSORSHIP & UNDERWRITING *Benefits*

COMPANY NAME LOGO PLACEMENT ON ALL LEVELS:

- On all gala signage at event
- On all gala communications during event promotion
- In program book
- Acknowledgment on LHAS website
- Acknowledgment on all website announcements, e-mails & social media

\$50,000 | PRESENTING SPONSOR (SOLD)

- Twenty seats (two tables) at **FIRE & ICE GALA**
- VIP Reception – roboworld® Floor
- Full-page ad on the inside cover of program book
- Company name on the first page of program book
- Acknowledgment of Presenting Level Sponsorship at gala

\$15,000 | DIAMOND SPONSOR

- 15 Seats at **FIRE & ICE GALA**
- VIP Reception – roboworld® Floor
- Full-page ad in program book

\$10,000 | PLATINUM SPONSOR

- 10 Seats (one table) at **FIRE & ICE GALA**
- VIP Reception - roboworld® Floor
- Full-page ad in program book

\$5,000 | GOLD SPONSOR

Choice of Photography Underwriter, Fine Wine & Spirits Underwriter, Valet Parking Underwriter, Entertainment Underwriter or VIP Reception Underwriter

- 6 Seats at **FIRE & ICE GALA**
- Full-page ad in program book

\$2,500 | SILVER SPONSOR

- 4 Seats at **FIRE & ICE GALA**
- Full-page ad in program book

\$1,250 | BRONZE SPONSOR

- 2 Seats at **FIRE & ICE GALA**
- Half-page ad in program book

INDIVIDUAL TICKETING *Options*

\$325 | HOST COMMITTEE TICKET

- 1 Seat at **FIRE & ICE GALA**
- Entry to VIP Reception- roboworld® Floor
- Acknowledgment in program book
- Acknowledgment on LHAS website
- Acknowledgment on all website announcements, e-mails & social media

\$275 | INDIVIDUAL TICKET

\$150 | AGE 35 AND UNDER INDIVIDUAL TICKET

CALL 412-648-6106 REGARDING TICKETS,
SPONSORSHIPS OR UNDERWRITING

OR MAIL THIS FORM TO:

Ladies Hospital Aid Society
UPMC Montefiore
3459 Fifth Avenue, Suite N709
Pittsburgh, PA 15213-3241

RECOGNITION SUBMISSION *Deadline*

FRIDAY, AUGUST 24, 2018

PLEASE SUBMIT FILES ELECTRONICALLY TO:
LHASOFFICE@GMAIL.COM.

PROGRAM PAGE AD SPECIFICATIONS

We suggest that your submissions be designed in the spirit of this fundraising event.

All submissions must be in PDF format, black & white with no bleeds, high-resolution, print-quality electronic artwork (minimum 300 dpi).
Full page (vertical): 5" wide x 8" high
Half page (horizontal): 5" wide x 3.875" high
Quarter page (vertical): 2.375" wide x 3.875" high

** Please note that we cannot guarantee the recognition of a sponsorship in the event communications if the support materials are not received by the submission deadline 8-24-18.*

PLEASE RSVP BY FRIDAY, AUGUST 24, 2018

☐ YES! I/WE WOULD LIKE TO ATTEND THE **FIRE & ICE GALA**.

☐ YES! WE WOULD LIKE TO ATTEND AS A SPONSOR/UNDERWRITER OF THE **FIRE & ICE GALA**.

NAME(S) Kindly designate how your name(s) or company should be listed in the program.

ADDRESS

DAYTIME PHONE

EMAIL

☐ UNFORTUNATELY, I/WE CANNOT ATTEND, BUT I/WE WOULD LIKE TO SUPPORT THE **FIRE & ICE GALA** WITH A MONETARY DONATION IN THE AMOUNT OF \$ _____

SPONSORSHIPS AND UNDERWRITING

☒ Presenting Sponsor (\$50,000) — **SOLD**

☐ Diamond Sponsor (\$15,000)

☐ Platinum Sponsor (\$10,000)

☐ Gold Sponsor (\$5,000)

Choice of:

☐ Photography Underwriter

☐ Fine Wine & Spirits Underwriter

☐ Valet Parking Underwriter

☐ Entertainment Underwriter

☐ VIP Reception Underwriter

☐ Silver Sponsor (\$2,500)

☐ Bronze Sponsor (\$1,250)

INDIVIDUAL TICKETS

☐ Host Committee Ticket (\$325)

☐ Individual Ticket (\$275)

☐ 35 and Under Individual Ticket (\$150)

PROGRAM ADVERTISEMENT

☐ Full Page Advertisement (\$1,000)

☐ Half Page Advertisement (\$500)

☐ Quarter Page Advertisement (\$250)

METHOD OF PAYMENT

Check (Payable to: Ladies Hospital Aid Society)

Credit Card

☐ Visa

☐ Master Card

☐ Discover

☐ AmEx

\$ TOTAL ENCLOSED

ACCT #

CVV

EXP DATE

PHONE #

SIGNATURE

NAME ON CARD

COMPANY

ADDRESS

CITY

STATE

ZIP

GUEST FIRST AND LAST NAME(S) AND MEAL CHOICE OF: BEEF/FISH/VEGETARIAN

1: _____ Meal Choice: _____

2: _____ Meal Choice: _____

3: _____ Meal Choice: _____

4: _____ Meal Choice: _____

5: _____ Meal Choice: _____

6: _____ Meal Choice: _____

7: _____ Meal Choice: _____

8: _____ Meal Choice: _____

9: _____ Meal Choice: _____

10: _____ Meal Choice: _____

IF POSSIBLE PLEASE SEAT ME WITH _____

SPECIAL DIETARY NEEDS _____

☐ PAREVE MEAL

PLEASE RSVP BY FRIDAY, AUGUST 24, 2018

Call 412-648-6106 - **OR**-

Mail this form to: Ladies Hospital Aid Society, UPMC Montefiore, 3459 Fifth Avenue, Suite N709, Pittsburgh, PA 15213-3241