

LHAS GALA 125

Celebrating 125 years of the Ladies Hospital Aid Society

SPONSORSHIP OPPORTUNITIES

Gala 125 Benefits the LHAS Spirituality Center and LHAS Kosher Hospitality Room

Sponsors

\$50,000 | Diamond

20 tickets and full-page ad in program

\$15,000 | Platinum

15 tickets and full-page ad in program

\$10,000 | Gold

10 tickets and full-page ad in program

\$5,000 | Silver

6 tickets and full-page ad in program

\$2,500 | Bronze

4 tickets and half-page ad in program

\$1,500 | Copper

2 tickets and half-page ad in program

Underwriters

\$3,000 | Cocktails

2 tickets and half-page ad in program

\$3,000 | Photography

2 tickets and half-page ad in program

\$3,000 | Entertainment

2 tickets and half-page ad in program

THURSDAY OCTOBER 24, 2024

Kamin Science Center
PointView Hall

RECOGNITION SUBMISSION DEADLINE:
Friday, October 11, 2024

Program Page Ad Specifications

All submissions must be in PDF format, black and 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

Submit files electronically to Mary Stout
at stoutmc@upmc.edu

Visit lhas.net for details

Please note we cannot guarantee the recognition of a sponsorship in the event communications if the support materials are not received by 10/11/2024.



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SPONSOR COMMITMENT

PLEASE DESIGNATE HOW YOUR NAME(S) OR COMPANY SHOULD BE LISTED IN THE PROGRAM

ADDRESS

PHONE

EMAIL

Sponsorship

- \$50,000 | Diamond
- \$15,000 | Platinum
- \$10,000 | Gold
- \$5,000 | Silver
- \$2,500 | Bronze
- \$1,500 | Copper

Underwriter Opportunities

- \$3,000 | Cocktails
- \$3,000 | Photography
- \$3,000 | Entertainment

Program Advertisement

- \$1,000 | Full-Page
- \$500 | Half-Page
- \$250 | Quarter-Page

- I/We cannot attend but would like to support LHAS Gala 125 with a donation of \$_____.
- I/We cannot attend but would like to donate \$125 in honor of the LHAS Gala 125.

Payment

- Check payable to LHAS Credit Card

NAME ON CARD

COMPANY

ADDRESS

CITY

STATE

ZIP

CARD NUMBER

EXP. DATE

CVV

SIGNATURE

TOTAL

Guest List

Please Print

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If paying by credit card, email this form to Mary Stout at stoutmc@upmc.edu
Checks may be mailed to LHAS, 3459 Fifth Avenue, Suite N709, Pittsburgh, PA 15213-3241
For more information, contact Mary Stout at 412-647-6106