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SPIRIT OF GIVING

Gala

SLEEPY EYE MEDICAL CENTER &
SLEEPY EYE HEALTHCARE FOUNDATION

— • —
10.13.18

SPONSORSHIP INSTRUCTIONS

Checks may be made to the Sleepy Eye Healthcare Foundation. Please return this form, along with payment, by Friday, June 29 to allow time for recognition leading up to the event.

MAIL TO:

Mikayla Bruggeman
Sleepy Eye Healthcare
Foundation
400 4th Ave. NW
Sleepy Eye, MN 56085

QUESTIONS:

Mikayla Bruggeman
mbruggeman@semedical-
center.org or 507-794-8475



SPONSORSHIP FORM

*Please select your desired sponsorship level in the designated box and complete the donor information section below.

☐ PRESENTING SPONSOR: \$2,500

- 4 complimentary event tickets
- Recognition in external public relations, including press releases, advertisements, flyers, gala event webpage and social media
- Logo/name on event invitations
- Verbal recognition at event
- Logo/name in event program and digital screens at event

*(Please send a copy of your logo in jpeg format by June 29, 2018 to mbruggeman@semedicalcenter.org.)

☐ PLATINUM SPONSOR: \$1,000

- 2 complimentary event tickets
- Name recognition in external public relations, including gala event webpage and social media
- Name recognition in event program and digital screens at event

☐ GOLD SPONSOR: \$500

- Name recognition in external public relations, including gala event webpage
- Name recognition in event program and digital screens at event

☐ OTHER: \$_____

WE ARE UNABLE TO PARTICIPATE IN THE ABOVE
LEVELS BUT WISH TO CONTRIBUTE \$_____.

Donor Name: _____

Address: _____

City, State, Zip: _____

Primary Contact: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Thank you for supporting Sleepy Eye Medical Center and the Sleepy Eye Healthcare Foundation!

*The Sleepy Eye Healthcare Foundation is a 501(c)(3) nonprofit organization. (Tax Exempt Number: 02-0542561.) Please make a copy of this form for your records.

Visit www.semedicalcenter.org/event/spirit-of-giving-gala/ for additional gala details.