**2022 GALA SPONSORSHIP FORM**

**RICHARD MURPHY HOSPICE FOUNDATION**

Company Name and Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Logo: Yes/No (please send logo to Info@richardmurphyhospice.com)

\*For questions regarding sponsorship levels and IN-KIND services, please contact Jodee Hoover at (985) 507-2629\*

**SPONSORSHIP SELECTION**

\_\_\_\_\_ **BLACK TIE** – I would like to provide a monetary donation in the amount of $\_\_\_\_\_\_

 \*Contact Jodee to discuss\*

\_\_\_\_\_ **DIAMOND**– $5,000 or Greater – Elite Sponsorship receiving Gala tickets with prime location 10

top table(s), signature dessert, libations on table, invitation to pre-gala party, recognition at Gala, logo on website for one year \*Contact Jodee to discuss\*

\_\_\_\_\_ **RUBY** – $2,500 – Premier Sponsorship receiving 12 Gala tickets with a 10 top individual table,

signature dessert, libation on table, invitation to pre-gala party, recognition at Gala, logo on website for 6 months

\_\_\_\_\_ **EMERALD** – $1,750 – Sponsorship receiving 8 Gala tickets with an 8 top individual table, invitation to pre-gala party, and sponsor recognition

\_\_\_\_\_ **SAPPHIRE** – $750.00 – 4 Gala tickets and sponsor recognition (no reserved seating)

\_\_\_\_\_ **JADE** – $1,000 – Car Raffle pre-sale includes 2 Gala tickets (no reserved seating)

\*\* A maximum of 25 car raffle tickets will be sold\*\*

\_\_\_\_\_ **THE ONYX** – $150.00 – Individual ticket (no reserved seating)

**\*GENERAL SEATING WILL BE AVAILABLE\***

PAYMENT: \_\_\_\_ Check Enclosed \_\_\_\_ Credit Card \_\_\_\_ Mail Invoice  \_\_\_\_ Monthly \_\_\_\_ Quarterly

For credit card payments, please indicate the following information as it appears on card:

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Transaction Date: \_\_\_\_/\_\_\_/\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_