BERTRAND CHAFFEE
HOSPITAL FOUNDATION

THE GARDEN PARTY

2017 Sponsorship Packages

Peony | $2,500 and above

A perennial flower, traditionally associated with healing

- Includes four admission tickets
- Company sign/material on display at event
- Logo in event program
- Featured placement in BCH email newsletter
- Recognition during remarks and in post-event publicity
- Recognition on BCH Foundation web site
- Reserved seating

Iris | $1,000

An ornamental flower with meanings of faith and wisdom

- Includes four admission tickets
- Logo in event program
- Featured placement in BCH email newsletter
- Recognition during remarks and in post-event publicity
- Recognition on BCH Foundation web site

Rose | $500

The time-honored flower of love and gratitude

- Includes two admission tickets
- Name in event program
- Recognition in post-event publicity
- Recognition on BCH Foundation web site

Ivy | $250

A resilient plant with meanings of friendship and affection

- Name in event program
- Recognition on BCH Foundation web site

Custom Sponsorship | Varies

- Company name in event program
- Opportunities available to sponsor event elements of the sponsor's choosing

Tickets | $50/each or $80/couple

Proceeds will go toward the purchase of equipment for the Bertrand Chaffee Hospital Heart Center.

All sponsorships will be recognized in the event program.
Additional tickets are available by calling (716) 592-2871 ext. 1485.

Sponsorship information & logo must be received by May 11 for inclusion in our program.

Thursday, May 25 | 5-8 P.M.
Springville Country Club, Old Route 219, Springville, N.Y.

BERTRAND CHAFFEE
HOSPITAL FOUNDATION

THE GARDEN PARTY

Sponsorship Form

Proceeds to benefit the Bertrand Chaffee Hospital Heart Center.

☐ Peony | $2,500 and above (4 tickets)
☐ Iris | $1,000 (4 tickets)
☐ Rose | $500 (2 tickets)
☐ Ivy | $250

☐ Custom Sponsorship
Call Kara at (716) 592-2871 ext. 1485
☐ Additional tickets
(Single: $50, Couple: $80)
Total tickets _____ Price: _____

☐ We will give an additional contribution of $_____ to the BCH Foundation
☐ We are unable to attend; please accept our contribution of $_____

Payment Information

Donor Name(s): _____

Address: _____

City, State: _____ ZIP: _____

Email: _____

Phone: _____

Comments: _____

_____

_____

My/Our Check for $_____ is enclosed.
(Please make payable to Bertrand Chaffee Hospital Foundation; please include phone number on check.)

Please charge my/our gift of $_____ to:
☐ VISA ☐ Mastercard ☐ Discover

Name on card:_____

Cardholder's signature: _____

Card number: _____

Exp. date: _____ CVV code: _____

Sponsorship information & logo must be received by May 11 for inclusion in our program. Contact Kara Kane at (716) 592-2871 ext. 1485 or kkane@bch-jbr.org. Credit card charges will show as "Bertrand Chaffee Hospital" on your statement. Please return this sheet with payment to Bertrand Chaffee Hospital Foundation, 224 East Main Street, Springville, NY 14141

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