




BERTRAND CHAFFEE
HOSPITAL FOUNDATION

The Garden Party

2019 Sponsorship Packages

Peony | \$2,500 and above

A perennial flower, traditionally associated with healing

- Includes 8 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

Rose | \$500

The time-honored flower of love and gratitude

- Includes 2 admission tickets
- Name in event program
- Recognition in post-event publicity
- Recognition on BCH Foundation web site

Iris | \$1,000

An ornamental flower with meanings of faith and wisdom

- Includes 4 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

Ivy | \$250

A resilient plant with meanings of friendship and affection

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

Tickets | \$50/each or \$80/couple

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 20 for inclusion in our program.

Thursday, May 30 | 5-8 P.M.
Springville Country Club, Old Route 219, Springville, N.Y.




BERTRAND CHAFFEE
HOSPITAL FOUNDATION

The Garden Party

Sponsorship Form

Proceeds benefit Bertrand Chaffee Hospital & Jennie B. Richmond Nursing Home

- Peony | \$2,500 & above (8 tickets)
- Iris | \$1,000 (4 tickets)
- Rose | \$500 (2 tickets)
- Ivy | \$250

Custom or In-Kind Sponsorship
Call Kelly 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 24 for inclusion in our program.

Contact (716) 592-2871 ext. 1485 or kcampbell@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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