



The Garden Party

2023 Sponsorship Packages

Sunflower | \$2,500 and above

A storied flower, with meanings of devotion and faithfulness

- Includes 8 admission tickets
- o Company sign/material on display at event
- o Logo in event program
- Featured placement in BCH email newsletter
- Recognition during remarks and in post-event publicity
- o Recognition on BCH Foundation web site
- Reserved seating

Rose | \$500

The time-honored flower of love and gratitude

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

Aster | \$1,000

A unique wildflower with meanings of patience 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

Marigold | \$250

A resilient flower with meanings of power and strength

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

Tickets | \$60 per person

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 July 31 for inclusion in our program.

Tuesday, August 15 | 5pm – 8p Springville Country Club, Old Route 219, Springville, N.Y.





The Garden Party

Sponsorship Form

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

☐ Sunflower \$2,500 & above (8 tickets) ☐ Aster \$1,000 (4 tickets) ☐ Rose \$500 (2 tickets) ☐ Marigold \$250	☐ Custom or In-Kind Sponsorship Call Kelly at (716) 592-2871 ext. 1485 ☐ Additional tickets (\$60 per person) Total tickets Price:
☐ We will give an additional contribution of ☐ We are unable to attend; please accept of Payment Information	
Donor Name(s):	My/Our Check for \$ is enclosed. (Please make payable to Bertrand Chaffee Hospital Foundation; please include phone number on check.)
Address: ZIP:	Please charge my/our gift of \$ to: ☐ VISA ☐ Mastercard ☐ Discover
Email:	Name on card:
Phone:	Cardholder's signature:
Comments:	Card number:
	Evp. date: CVV code:

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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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