

2023 OVHC Gala Contribution Form

Contact Name: _____

Business/Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Major Sponsorships:

Level	Diamond	Platinum	Gold	Silver	Bronze
Amount	\$10,000	\$5,000	\$2,500	\$1,000	\$500
Complimentary Dinner Tickets	10	6	4	2	0
Page Ad with your logo in Gala Program	Full (Back/Inside)	Full	1/2	1/4	Business Card
Prominent sponsor/donor signage included in video presentation during the Gala	★	★	★	★	★
Recognition on OVHC Social Media pages	★	★	★	★	★
Sponsor/donor signage on tables	★	★	★	★	★
Logo recognition on OVHC website	★	★	★		
Link from OVHC website to the sponsor's website for one year after Gala	★	★			
Use of OVHC benefiting logo in materials that promote your support of OVHC	★	★			

I would like to sponsor at the following level (may be paid by check, online, or by installments):

_____ **\$10,000** Diamond Sponsorship

_____ **\$1,000** Silver Sponsorship

_____ **\$5,000** Platinum Sponsorship

_____ **\$500** Bronze Sponsorship

_____ **\$2,500** Gold Sponsorship

_____ **Special Friend Donation**
(Your name will be listed in the Gala Program)

_____ I would like to purchase dinner reservations for _____ people at \$65 each.

_____ Please donate my sponsorship dinner tickets to volunteers, staff, or patients.

_____ Please check here if you do NOT want your contribution listed publicly.

Thank you for your generous support of uninsured patient care at OVHC! Please return this form by April 14, 2023.

Return by mail or fax to 740.283.2932 or email to adminassist@ovhealthcenter.org.

Dinner reservations may be made until April 21, 2023.