



# 2024 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
- \_\_\_\_\_ **\$5,000** Platinum Sponsorship
- \_\_\_\_\_ **\$2,500** Gold Sponsorship
- \_\_\_\_\_ **\$1,000** Silver Sponsorship
- \_\_\_\_\_ **\$500** Bronze 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 12, 2024.  
Return by mail or fax to 740.283.2932 or email to [adminassist@ovhealthcenter.org](mailto:adminassist@ovhealthcenter.org).  
Dinner reservations may be made until April 19, 2024.*