



Presenting Sponsor

\$10,000

- Company name in event press releases
- Company name and logo on event flyer(s)
- Company name and logo on event website
- Your company's banner at the main entrance and registration (provided by your company)
- Company logo on event table tents
- Company logo in digital program
- Company logo prominently on event signage
- Verbal recognition during remarks
- 12 Complimentary event tickets

Tent Sponsor

\$5,000

- Company name and logo on event website
- Company logo on event table tents
- Company logo in digital program
- Company logo prominently on event signage
- 10 Complimentary event tickets

Entertainment Sponsor

\$2,500

- Company name and logo on event website
- Company logo in digital program
- Company logo on event signage
- 8 Complimentary event tickets

Food Sponsor

\$2,000

- Company name and logo on event website
- Company logo in digital program
- Company logo on event signage
- 4 Complimentary event tickets

Beverage Sponsor

\$1,500

- Company name and logo on event website
- Company logo in digital program
- Company logo on event signage
- 2 Complimentary event tickets

Friend Sponsor

\$1,000

- Company name on event signage
- 2 Complimentary event tickets

\$125
Per Ticket



Gaylord
Specialty Healthcare



Sponsorship Agreement

Level of Support

- | | |
|--|------------------|
| <input type="checkbox"/> Presenting Sponsor | \$10,000 |
| <input type="checkbox"/> Tent Sponsor | \$5,000 |
| <input type="checkbox"/> Entertainment Sponsor | \$2,500 |
| <input type="checkbox"/> Food Sponsor | \$2,000 |
| <input type="checkbox"/> Beverage Sponsor | \$1,500 |
| <input type="checkbox"/> Friend Sponsor | \$1,000 |
| <input type="checkbox"/> Individual Ticket | \$125 Qty: _____ |

I am unable to sponsor this year, please accept my donation of \$: _____

Contact Information

Contact Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PAYMENT INFORMATION

☐ Check* ☐ Credit Card *Please make checks payable to Gaylord Hospital

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV# _____

Signature: _____

Mail to: Development Office
Gaylord Hospital
50 Gaylord Farm Road
Wallingford, CT 06492

Please email your logo, advertisement and
company name to: kmuolo@gaylord.org

For more information, please call
Katelyn Muolo at (203) 741-3454

To ensure Ad Space, please return this form by Friday, August 22