

STEPPIN' Out 2017

"CELEBRATION OF HOPE"

RESERVATIONS & SPONSORSHIPS

IN SUPPORT OF NORTHRIDGE HOSPITAL FOUNDATION

RESERVATION DEADLINE: OCTOBER 1, 2017

Name: _____

Email: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

TABLE SPONSORS:

- \$20,000 - PRESENTING SPONSOR**
 - Premier Seating (30 Guests)
 - Overnight Suite at the Four Seasons Hotel, Westlake Village
 - VIP Recognition at Event · Recognition on Front Cover of Program Journal
- \$10,500 - EVENT SPONSOR**
 - VIP Seating (20 Guests) · VIP Recognition at Event
 - Double Page Color Ad in Program Journal
- \$8,500 - BENEFACTOR SPONSOR**
 - Benefactor Seating (20 Guests) · Benefactor Recognition at Event
 - Full Page Color Ad in Program Journal
- \$6,500 - PATRON SPONSOR**
 - Patron Level Seating (12 Guests) · Half Page Color Ad in Program Journal
- \$5,500 - ASSOCIATE SPONSOR**
 - Associate Level Seating (10 Guests) · Half Page Color Ad in Program Journal

UNDERWRITING SPONSORS:

- \$7,500 - EVENING WINE SPONSOR**
 - 6 Guests · Logo Recognition at Evening Reception
 - Full Page Color Ad in Program Journal
- \$5,500 - EVENING RECEPTION SPONSOR**
 - 4 Guests · Logo Recognition at Evening Reception
 - Full Page Color Ad in Program Journal
- \$5,500 - FLORAL RECEPTION SPONSOR**
 - 4 Guests · Logo Recognition at Event · Full Page Color Ad in Program Journal
- \$4,500 - PROGRAM JOURNAL SPONSOR**
 - 2 Guests · Recognition on Back Cover of Program Journal
- \$3,500 - DESSERT BAR SPONSOR**
 - 2 Guests · Logo Recognition at Dessert Bar · Full Page Color Ad in Program Journal
- \$3,000 - COMPLIMENTARY VALET SPONSOR**
 - 2 Guests · Logo Recognition at Event · Half Page Color Ad in Program Journal
- \$2,500 - RED CARPET PHOTO SPONSOR**
 - Logo Recognition at Red Carpet · Half Page Color Ad in Program Journal
- \$500 - INDIVIDUAL TICKETS**
 - Reserve _____ Seats

PROGRAM JOURNAL ADVERTISEMENTS:

- Inside Back Cover (8.5"wx11"h).....\$2,500
- Full Page Color (7"wx9.75"h).....\$1,500
- Inside Front Cover (8.5"wx11"h)....\$2,500
- Half Page Color (7"wx4.625"h)...\$750
- Double Page Color Spread (7.5"w x 9.25"h)...\$2,500
- Payment/Donation is enclosed in the amount of \$ _____
(Please make check payable to Northridge Hospital Foundation)
- Please bill my credit card \$ _____ Master Card Visa Amex
- Credit Card #: _____ Exp. Date: _____
- Name on Card: _____ CVC Code: _____
- Signature: _____

Return this form with your payment to:
Northridge Hospital Foundation - Attn: Jen Zeltser
18300 Roscoe Boulevard, Northridge, California 91328
or Fax form to: 818.349.1546 or email Jenny.Zeltser@DignityHealth.org
Tax ID#: 23-7444901
Northridge Hospital Foundation is a 501(c)(3) nonprofit organization
www.SupportNorthridgeHospital.org

Thank You

FOR YOUR GENEROUS SUPPORT TO NORTHRIDGE HOSPITAL FOUNDATION