

Peconic Bay Medical Center's

GALA



WESTHAMPTON COUNTRY CLUB | WESTHAMPTON BEACH, NY
FRIDAY, SEPTEMBER 8, 2023

SPONSORSHIP OPPORTUNITIES

LEAD SPONSORS..... \$100,000

One table of 10 with premier seating | Special acknowledgment during event program | Listing as a lead sponsor on event invitation (If received by July 7) | Listing as a lead sponsor on all event materials

PREMIER SPONSORS.....\$75,000

One table of 10 with premier seating | Special acknowledgment during event program | Listing as a premier sponsor on event invitation (If received by July 7) | Listing as a premier sponsor on all event materials

EVENT SPONSORS.....\$50,000

One table of 10 with prominent seating | Special acknowledgment during event program | Listing as a event sponsor on event invitation (If received by July 7) | Listing as an event sponsor on all event materials

PLATINUM SPONSORS.....\$25,000

Eight event tickets | Listing as platinum sponsor on event invitation (If received by July 7) | Listing as platinum sponsor on all event material

GOLD SPONSORS.....\$10,000

Six event tickets | Listing as gold sponsor on event invitation (If received by July 7) | Listing as gold sponsor on all event material

SILVER SPONSORS.....\$5,000

Four event tickets | Listing as silver sponsor on event invitation (If received by July 7) | Listing as silver sponsor on all event materials

BRONZE SPONSORS.....\$2,500

Two event tickets | Listing as bronze sponsor on event invitation (If received by July 7) | Listing as bronze sponsor on all event materials

TICKETS.....\$500

Includes dinner, dancing and our famous silent auction



Peconic Bay Medical Center's Gala | Friday, September 8, 2023

Name _____ Company _____

Listing to read _____

Street Address _____ City/St/Zip _____

Daytime Phone _____ Fax _____ Email _____

Please reserve my sponsorship for \$ _____.

Please reserve _____ event tickets at \$500 per ticket (includes cocktails, dinner, dancing and entertainment).

Enclosed is my check for \$ _____. Kindly make checks payable to: PBMC Foundation.

Please use payroll deductions for \$ _____

You may also pay by credit card by indicating the following: MC Visa AmEx

Cardholder Number _____ Exp. Date _____ Sec. Code _____



Should you have any questions, please call the Foundation Office at 631.548.6080.
Please mail this form to PBMC Foundation, 1 Heroes Way, Riverhead, NY 11901
or fax it to 631.548.6048.