

## PRESENTING PARTNER

\$10.000

- 16 VIP Area Tickets
- · 8 Reserved Parking Spots
- · VIP Bar Access & Special Favor
- · Multiple Mentions as Presenting Sponsor
- · Opportunity to be Interviewed by The Media
- · Website and Social Media Recognition
- · Signage with Your Logo Throughout The Morris
- · Prominent Recognition in the Program
- · Six Complimentary Bottles of Wine

## PLATINUM PARTNER

\$7.500

- 14 VIP Area Tickets
- · 7 Reserved Parking Spots
- · VIP Bar Access & Special Favor
- · Website and Social Media Recognition
- · Event Recognition
- · Recognition in the Program
- · Four Complimentary Bottles of Wine

## **DIAMOND PARTNER**

\$5,000

- 12 Reserved Tickets
- 6 Reserved Parking Spots
- · Website and Social Media Recognition
- Event Recognition
- · Recognition in the Program
- · Two Complimentary Bottles of Wine

## **RUBY PARTNER**

\$3,500

- 10 Reserved Tickets
- · Website and Social Media Recognition
- Event Recognition
- · Recognition in the Program
- · Two Complimentary Bottles of Wine

## **SAPPHIRE PARTNER**

\$2,500

- · 8 Reserved Tickets
- · Website Recognition
- Event Recognition
- Recognition in the Program
- Two Complimentary Bottles of Wine

## **GOLD PARTNER**

\$2,000

- · 8 Reserved Tickets
- · Website Recognition
- · One Complimentary Bottle of Wine

INDIVIDUAL TICKETS

\$175



Please return this form as soon as possible to confirm your partnership.

## Partner NAME (as it should appear on print materials)

Contact Name:		Title:			_
Address:	City:		State:	Zip:	_
Fmail:		Phone Number			

# CHOOSE YOUR PARTNERSHIP PARTNERSHIP

\_\_\_\_\_ I/We are unable to participate. Please consider our entire Partnership to be a 100% tax-deductible donation. I/We waive any tangible benefits provided.

PRESENTING PARTNER	\$10,000
PLATINUM PARTNER	\$7,500
DIAMOND PARTNER	\$5,000
RUBY PARTNER	\$3,500
SAPPHIRE PARTNER	\$2,500
GOLD PARTNER	\$2,000

#### **PAYMENT INFORMATION:**

 Check enclosed made payable to "United Health Foundation" (Tax ID: 55-0621706)
 Please invoice me at the address above

## \_\_\_\_\_ Payment will be sent online at www.uhchollyball.com

## **MAIL FORM AND PAYMENT TO:**

United Health Foundation Attn: Lora Edgell 327 Medical Park Drive, Bridgeport, WV 26330

## **QUENTIONS?**

Or to immediately secure your Partnership, please contact: Lora Edgell, Lora.Edgell@wvumedicine.org or 681.342.1455



Thank you for your support of United Hospital Center. Partnerships are on a first-come, first-served basis. To guarantee your Partnership, we must receive your desired level of commitment no later than Friday, November 29, 2024.