



Partners Council for Women's Health
Ladies' Day Out
Monday, April 24, 2017
Fresh Meadow Country Club

Sponsorship Opportunities

The deadline for inclusion on printed program is **April 7, 2017**. All sponsorships must be paid in full by **April 21, 2017**

\$5,000 Presenting Sponsor

10 tickets ♦ Sponsor listing on all event signage ♦ Sponsor Listing on invitation email blast* ♦ Sponsor Listing on printed program ♦ Name announced during speaking program ♦ Website recognition ♦ Visibility on all social media ♦ Opportunity for a table in our pop-up shop area.

\$3,500 Lunch Sponsor

8 tickets ♦ Sponsor listing on all event signage ♦ Sponsor Listing on invitation email blast* ♦ Sponsor Listing on printed program ♦ Name announced during speaking program ♦ Website recognition ♦ Visibility on all social media.

\$2,500 Registration Sponsor

6 tickets ♦ Sponsor listing signage ♦ Sponsor Listing on invitation email blast* ♦ Sponsor listing on printed program ♦ Name announced during speaking program ♦ Website recognition ♦ Visibility on all social media.

**Deadline for inclusion on invitation email blast is February 6, 2017*

\$1,750 Breakfast Sponsor

4 tickets ♦ Sponsor listing on printed program ♦ Signage in breakfast and pop-up shop area ♦ Website Recognition

\$750 Card Games Sponsor

2 tickets ♦ Sponsor listing in card game rooms ♦ Sponsor listing on printed program

\$300 Player Sponsor

1 ticket ♦ Sponsor listing on printed program

Please list my Name/Company Name on sponsorship material as follows: *(one line please)*

My guest, included with my sponsorship, will be: _____

Tickets

The non-deductible portion of each luncheon ticket is \$100.

_____ **Individual Ticket at \$155 per person**

I will use my ticket as follows:

- Canasta, Shop & Lunch**
- Mah Jongg, Shop & Lunch**
- Party Bridge, Shop & Lunch**
- Shop & Lunch only**

I will be playing with the following guest(s) _____

Please match me with other players



Payment Information

Sponsorships, tickets and raffle purchases are available on-line at
Support.northwell.edu/ladiesdayout

Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Telephone #: _____

I am unable to attend but would like to make a contribution of \$ _____

Enclosed check in the amount of _____, made payable to Northwell Health Foundation

Please charge \$ _____ to my Visa Mastercard Amex

Account #: _____ Expiration Date: _____

Signature: _____

Please fill out this form and return with your payment to:

Northwell Health Foundation
2000 Marcus Avenue
New Hyde Park, NY 11042

For more information any questions please contact
Tamar Segura at (516) 321-6340 or tsegura@northwell.edu