

SPONSORSHIPS AND TICKETS

- ☐ **ARCHCARE GALA UNDERWRITER at \$100,000:** Includes **CHOICE OF** premier placement for a table of 10 guests **OR** 2 seats at Head Table with His Eminence, Timothy Cardinal Dolan and ArchCare President and CEO, Scott LaRue; VIP Reception with His Eminence, Timothy Cardinal Dolan for all guests; signed and framed professional photo with His Eminence; 2 Gold Ads and logo in Digital Gala Journal; logo featured on screen during gala program and illuminated in ballroom at event; verbal recognition from the podium during the program; and listing as exclusive sponsor of an event for ArchCare's Care Members at one of ArchCare's facilities
- ☐ **ARCHCARE PRESENTING SPONSOR at \$75,000:** Includes premier placement for a table of 8 guests; VIP Reception with His Eminence, Timothy Cardinal Dolan for all guests; signed and framed professional photo with His Eminence; 2 Gold Ads and logo in Digital Gala Journal; illuminated logo featured in ballroom at event; and verbal recognition from the podium during the program
- ☐ **ARCHCARE BENEFACTOR at \$50,000:** Includes premium placement for a table of 6 guests; VIP Reception with His Eminence, Timothy Cardinal Dolan for all guests; Gold Ad and listing in Digital Gala Journal; illuminated logo featured in ballroom at event; and verbal recognition from the podium during the program
- ☐ **COMMUNITY SPONSOR at \$25,000:** Includes prime placement for a table of 6 guests; VIP Reception with His Eminence, Timothy Cardinal Dolan for 2 guests; Silver Ad and listing in Digital Gala Journal; and recognition from the podium during the program
- ☐ **PROGRAM SPONSOR at \$15,000:** Includes preferred placement for a table of 6 guests; Full-Screen Ad and listing in Digital Gala Journal
- ☐ **ELDERCARE FRIENDS PAIR OF TICKETS at \$10,000:** Includes 2 premier tickets; VIP Reception with His Eminence, Timothy Cardinal Dolan for both guests; Gold Ad and listing in Digital Gala Journal
- ☐ **INDIVIDUAL TICKET(S) at \$1,500 each:** Includes seating for 1 guest and listing in Digital Gala Journal (**LIMITED AVAILABILITY**)

DIGITAL JOURNAL ADS

All ads will be displayed on-screen at the event. Journal ads are 10" w x 5.63" h, full color. Ad artwork should be supplied as a high resolution JPEG file or ad can be prepared for you from your written copy. Email to archcare@cmevents.net. **Deadline for receiving ad content is Monday, September 25, 2023.**

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|---|---|--|
| <input type="checkbox"/> GOLD AD at \$5,000
Full-screen ad; 9-second display time | <input type="checkbox"/> SILVER AD at \$2,500
Full-screen ad; 6-second display time | <input type="checkbox"/> FULL-SCREEN AD at \$1,000
3-second display time |
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UNDERWRITING OPPORTUNITIES

- ☐ **VIDEO UNDERWRITER at \$35,000:** Includes logo recognition or opportunity to include a brief statement at conclusion of program video
- ☐ **VIP RECEPTION UNDERWRITER at \$25,000:** Includes recognition on signage and cocktail napkins in VIP Reception
- ☐ **ENTERTAINMENT UNDERWRITER at \$25,000:** Includes opportunity to introduce gala performer via pre-recorded message
- ☐ **PRINTING UNDERWRITER at \$25,000:** Includes logo recognition on envelope flap of gala invitation (deadline Thursday, August 10, 2023)
- ☐ **DÉCOR UNDERWRITER at \$25,000:** Includes logo recognition incorporated into centerpieces at each table

DONATE

- ☐ I/We cannot attend but wish to make a fully tax-deductible contribution in the amount of \$_____.
(Donations of \$1,500 or more will be recognized in the Digital Gala Journal)

CONTACT INFORMATION

LISTING: I wish to be listed by ☐ NAME ☐ COMPANY
(Please print below as you wish to appear on printed materials)

Name/Title

Company/Foundation

Address

City/State/Zip

Telephone

Email

PAYMENT DETAILS

FOR ONLINE RESERVATIONS, PLEASE VISIT WWW.ARCHCARE.ORG/GALA

- ☐ Please accept my reservation as noted; payment will follow
- ☐ Enclosed is my check for \$_____ made payable to
Catholic Health Care Foundation
- ☐ I would like to pay by wire transfer
(ArchCare's banking details to be provided)
- ☐ Please charge \$_____ to my:
☐ AMEX ☐ VISA ☐ MasterCard

Name on Card

Credit Card Number

Expiration Date

Security Code

Reservation forms may be mailed to: ArchCare Gala Benefit Office, c/o CMI Events, 1325 Sixth Ave., 27th FL, NY, NY 10019; or emailed to: archcare@cmevents.net. Contributions are fully tax-deductible to the extent allowed by law. The non-deductible portion of each ticket is \$320. Contributions may be restricted to a specific program upon request by contacting the Benefit Office. Catholic Health Care Foundation of the Archdiocese of New York is a 501(c)(3) charity. Tax ID #13-4054158.