

GIRLS' NIGHT out

Thursday, May 31, 2018 6 p.m.

Palacio Catering & Conference Center • Goshen, New York



Support Women's Health Services at St. Anthony Community Hospital!

Sponsorships

Diamond Sponsor – \$5,000

Sponsored By: St. Anthony Community Hospital

Medical Staff

- Exclusive sponsor of the shopping suite
- Preferred seating — 16 tickets
- Recognition at Purse Wall, Registration & Raffle Display
- Listing in Event Program
- Inclusion of your branded swag or promotional materials in gift bags
- Exclusive sponsor recognition during the evening's program

Ruby Sponsor – \$2,000

- Preferred seating — 14 tickets
- Recognition at Purse Wall, Registration & Raffle Display
- Listing in Event Program
- Inclusion of your branded swag or promotional materials in gift bags
- Exclusive sponsor recognition during the evening's program

Opal Sponsor – \$1,250

- Preferred seating — 12 tickets
- Recognition at Registration & Raffle Display
- Listing in Event Program
- Inclusion of your branded swag or promotional materials in gift bags
- Exclusive sponsor recognition during the evening's program

Table Host Sponsor – \$750

- Preferred seating — 10 tickets
- Recognition at Registration
- Listing in Event Program
- Inclusion of your branded swag or promotional materials in gift bags

Pearl Sponsor – \$500

- 3 tickets
- Recognition at Registration
- Listing in Event Program
- Inclusion of your branded swag or promotional materials in gift bags

Sapphire Sponsor – \$200

- 1 ticket
- Recognition at Registration
- Listing in Event Program

Tickets – \$75 per person

*Additional Underwriting
Opportunities Available*

– Please see reverse –

Girls' Night Out benefits Women's Health Services at St. Anthony Community Hospital, a member of the Westchester Medical Center Health Network.



**St. Anthony
Community Hospital**

Westchester Medical Center Health Network

GIRLS' NIGHTout

Tickets & Sponsorships

Sponsor Name		Contact Person / Title	
Address			
City		State	Zip
Email			Tel
I'd like to sit with:			
<input type="checkbox"/> Sponsorship Level _____ = \$ _____ Tickets Only: <input type="checkbox"/> # of Tickets _____ tickets X \$75 = \$ _____ <input type="checkbox"/> # of Table Host (10 seats) _____ table X \$750 = \$ _____ <input type="checkbox"/> I am unable to attend, but would like to make a donation. \$ _____ <input type="checkbox"/> Enclosed is my check to Bon Secours Warwick Health Foundation in the amount of \$ _____. <input type="checkbox"/> Please charge the amount of \$ _____ to: <input type="checkbox"/> AmEx <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Account Number		Exp. Date	CVC Code
Name on Card			
Signature			

Learn everything you need to know, buy tickets and get ready for fun.
stanthonycommunityhosp.org/GNO or call 845.368.5151

Please return this form to Taylor Armstrong
taylor.armstrong@wmchealth.org • 914.493.5368
 255 Lafayette Avenue, Suffern, NY 10901



Westchester Medical Center Health Network

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