

Luncheon & Fashion Show "At Home Edition"

Journal Recognition to Thank Our

St. Vincent's Team of Professionals

For their outstanding service and dedication, especially during this COVID-19 Pandemic

Giving Tree Sponsorships

- \$5,000 Sponsor – Angel on the Top** Leading sponsor on website, platinum virtual journal ad, limited edition ornament and four entries in \$1,000 cash raffle
- \$2,500 Sponsor – String of Lights** Prominent sponsor on website, gold virtual journal ad, limited edition ornament and three entries in \$1,000 cash raffle
- \$1,000 Sponsor – Tree Garland** Special recognition on website, full page virtual journal ad and two entries in \$1,000 cash raffle
- \$ 500 Sponsor – Stars** Recognition on website, half page virtual journal ad and one entry in \$1,000 cash raffle
- \$200 Sponsor – Tinsel** Recognition on website and one entry in \$1,000 cash raffle
- Donation** – Enclosed is a tax-deductible contribution \$ _____

Virtual Journal Sponsorship(s)

In recognition of St. Vincent's Team of Professionals

Journal Deadline: October 22, 2020

- ~~\$1,500 Inside Front Cover~~ –SOLD
- \$1,500** Outside Back Cover
- \$1,200** Inside Back Cover
- \$ 750** Full Page, Platinum
- \$ 500** Full Page, Gold
- \$ 400** Full Page, Black and White
- \$ 250** Half Page (5" wide x 3.75" high)
- \$ 150** Quarter Page (5" wide x 1.75" high)

Full page copy size: 5" wide x 7.5" high

- Copy enclosed Use same copy as last year

Write copy on back of form or email to

tezekiel@svwsjmc.org

Hospital Opportunities – Please check your preference. A portion of your donation will support the following:

- Personal Protective Equipment** – Urgent need for equipment to keep staff and patients safe
- Technology** – Support for increased telehealth and video conferencing
- Creative Arts Therapy** – Funds needed for therapeutic activities to foster communication
- Patient Holiday Gifts** – Funds to purchase gifts for our patients over the holidays

PAYMENT INFO *(All donations are 100% tax deductible)*

Name/Company: _____

Address: _____

Phone: _____ **E-mail:** _____

Check enclosed. Make check payable to **St. Vincent's Hospital Westchester TOTAL: \$** _____

Charge my Credit Card: American Express Visa Master Card

Card No.: _____ Expiration Date: _____

Name on Card: _____ Signature: _____