

## 2024 ANNUAL GALA

# A NIGHT OF PURE IMAGINATION

Saturday, October 19, 2024  
West Hills Country Club

Montefiore  
St. Luke's Cornwall

Lifetime Achievement  
Dr. Constantine Vardopoulos

Philanthropic Spirit  
David and Samantha Potack

Community Commitment  
Sonata Group

### PRESENTING: \$40,000

#### Exclusive Sponsorship

- Two tables (twenty-four (24) tickets) with prime seating
- On-stage recognition
- Exclusive listing in program as presenting sponsor with logo
- Sponsorship listing in program
- Full screen digital journal ad, standard rotation
- Recognition in event press releases
- Social media recognition
- Name/logo on MSLC website w/link to sponsor website
- Name/logo on e-blast communications

SOLD OUT

### Platinum: \$30,000

- Two tables (twenty (20) tickets) with prime seating
- Sponsorship logo in program at table and on website
- Full screen digital journal ad, premium rotation
- Recognition in event press releases
- Social media recognition
- Name/logo on MSLC website w/link to sponsor website
- Name/logo on e-blast communications

### GOLD: \$20,000

- One table (ten (10) tickets) with prime seating
- Sponsorship logo in program
- Full screen digital journal ad, premium rotation
- Recognition in event press releases
- Social media recognition
- Name/logo on MSLC website w/link to sponsor website
- Name/logo on e-blast communications

### SILVER: \$15,000

- One table (ten (10) tickets)
- Signage at registration entrance
- Sponsorship listing in program
- Full screen digital journal ad, standard rotation
- Name on MSLC website
- Name on e-blast communications

### VALET: \$10,000

- Six (6) tickets
- Signage near valet
- Sponsorship listing in program
- Full screen digital journal ad, standard rotation
- Name on MSLC website

### DESSERT SPONSOR: \$7,500

- Five (5) tickets
- Signage in dessert area
- Full screen digital journal ad, standard rotation
- Sponsorship listing in program
- Name on MSLC website

### COCKTAIL SPONSOR: \$5,500

- Four (4) tickets
- Signage in cocktail area
- Sponsorship listing in program
- Full screen digital journal ad, standard rotation
- Name on MSLC website

### BAND SPONSOR: \$5,500

- Four (4) tickets
- Signage near band
- Full screen digital journal ad, standard rotation
- Sponsorship listing in program
- Name on MSLC website

### SUPPORTER: \$2,750

- Two (2) tickets
- Full screen digital journal ad, standard rotation
- Sponsorship listing in program
- Name on MSLC website

### VIRTUAL JOURNAL ADS:

\*Includes listing on MSLC website

- Full Screen - Premium rotation: \$2,500
- Half Screen - Standard rotation: \$1,500
- Screen Listing: \$500

Individual Tickets: \$375.00

St. LUKE'S CORNWALL  
HEALTH SYSTEM FOUNDATION

A Member of the Montefiore HEALTH SYSTEM, INC.

## Please indicate your level of support:

- |  |  |
|--|--|
| <input type="checkbox"/> Presenting (\$40,000) | <input type="checkbox"/> Full-Screen Ad (\$2,500)  |
| <input type="checkbox"/> Platinum (\$30,000)   | <input type="checkbox"/> Half-Screen Ad (\$1,500)  |
| <input type="checkbox"/> Gold (\$20,000)       | <input type="checkbox"/> Screen Listing (\$500)    |
| <input type="checkbox"/> Sliver (\$15,000)     | <input type="checkbox"/> <b>ADDITIONAL TICKETS</b> |
| <input type="checkbox"/> Valet (\$10,000)      | (\$375/Ticket) _____                               |
| <input type="checkbox"/> Dessert (\$7,500)     | _____  |
| <input type="checkbox"/> Cocktail (\$5,500)    | (Number of Tickets)                                |
| <input type="checkbox"/> Band (\$5,500)        |  |
| <input type="checkbox"/> Supporter (\$2,750)   |  |

\$ \_\_\_\_\_  
**Total Support**

## SPONSOR INFORMATION

Organization \_\_\_\_\_  
(Please list how you would like to be acknowledged on all printed materials)

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## PAYMENT INFORMATION

- I have enclosed a check for the above amount payable to:  
**St. Luke's Cornwall Health System Foundation**

Please charge my:  American Express  VISA  MasterCard  Discover

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Billing Address (if different than listed above)**

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## DIGITAL JOURNAL & PAYMENT SUBMISSION

- Please email print-ready art to [Foundation@montefioreslc.org](mailto:Foundation@montefioreslc.org)
- All files must be submitted in high-resolution (min. 300 dpi) and four-color
- Acceptable file formats include: .jpg | .tiff | .pdf (preferred) | .psd

Please mail checks to:  
SLCHS Foundation  
70 Dubois Street  
Newburgh, NY 12550

**FOR MORE INFORMATION, CONTACT**  
Dawn Georgalas  
[dgeorgalas@montefioreslc.org](mailto:dgeorgalas@montefioreslc.org) | 845-784-3140

**AD SIZE SPECIFICATIONS**  
(pixels w x pixels h)  
Full Screen: 1920 x 890  
1/2 Screen: 940 x 890  
**Submission Deadline is**  
**October 4, 2024**