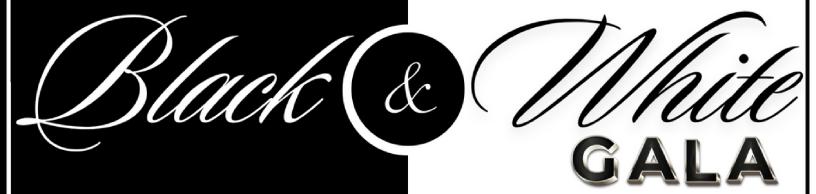
THE CHEROKEE INDIAN HOSPITAL FOUNDATION PRESENTS



JUNE 15 2024

6PM ** 10PM

HARRAH'S CHEROKEE CASINO RESORT EVENT CENTER SAVE THE DATE FORMAL INVITATION TO FOLLOW

Thank you for making a diference in the healthcare of our community through your support of the Cherokee Indian Hospital Foundation.

Please return this form to CIHAfoundation@gmail.com
For questions please call Brittney Lofthouse at (828) 497-9163 ext. 6207
Tax ID Number- 800351363
(Please note that a formal invitation will be mailed prior to the event.)

Cherokee Indian Hospital Foundation Gala Sponsor Benefits Saturday, June 15, 2024

Platinum (\$5,500)

Reserved Table with Dinner for 10 w/Priority Seating
VIP Cocktail Pre-Gala Reception
Complimentary Valet Parking
Dedicated Attendant for Bar Service

Extended Recognition in Printed & Electronic Program Recognition on CIHF website & social media Recognition in Press Release Gift from Cherokee Indian Hospital Logo on Billboard

Gold

(\$3,500)

Reserved Table with Dinner for 10 w/Priority Seating Dedicated Attendant for Bar Service Extended Recognition in Printed & Electronic Program Recognition in Press Release Recognition on website & social media

Silver

(\$2,000)

Reserved Table with Dinner for 10
Recognition in Printed & Electronic Program

Recognition on website & social media

Special Sponsors

Includes: Band Sponsor, Photo Booth Sponsor, Dessert Sponsor, Wine Pull Sponsor, Raffle Sponsor, Donation of Silent Auction Item(s), Signature Drink Sponsor, Monetary Donation

Recognition in Printed & Electronic

Recognition on website and social media



13th Annual Foundation Gala June 15th, 2024 Sponsorship Form

Name:			
Company/ Organization:			
Mailing Address:			
Contact Person:			
Work Num	ber:		
Cell: To receive in Email:	formation & updates related the Gala via the newslet		
I am/we are	pleased to make the following sponsorship	/underwrit	ing donation:
	Platinum Sponsor \$5,500		
	Gold Sponsor \$3,500		
	Silver Sponsor \$2,000		
	Second Table- Additional \$2,000		
I/ We are una	ble to attend but would like to support the C	herokee In	dian Hospital Foundation by being a:
Band Sponsor Dessert Sponsor (\$3,500)			Dessert Sponsor (\$2,500)
Raffle S	ponsor Signature (\$2,000)		Signature Drink Sponsor (\$2,000)
Photo B	ooth Sponsor (\$1,500)		Wine Pull Sponsor (\$1,500)
I/ We will pro	vide payment for our sponsorship/donation	by:	
Please s	send an invoice to:		
☐ I have provided payment in the amount of \$		via th	ne CIHF website.
□ I have e	nclosed a check made payable to the Chero	kee Hospi	tal Foundation for \$
□ I am una	able to attend. however I have enclosed my	donation o	of s

Auction/Wine Pull Donation Form

This receipt acknowledges your contribution to the Cherokee Indian Hospital Foundation, a designated 501(c)(3) non-profit organization. You have not been provided any goods or services in exchange for this contribution. Retain this document for proof of this tax-deduction gift. Please contact your tax advisor regarding this matter.

Cherokee Indian Hospital Foundation Non-Profit Tax ID #80-0351363

Please complete the form below and return it with your contribution: Name of Business/ Donor: Contact Person: Address: Telephone: E-mail: I/ We will support the Cherokee Indian Hospital Foundation by: Donating a Silent Auction item from your business or organization Item(s) Donated: • Value: \$ · Please attach/include information about the item and your business for our display. (Business cards, logo, brochure, photo of craftsman/donor if available) Donating to the Wine Pull Event: # of Bottles & Description: Value of Wine: \$ Monetary Amount for Purchase of Wine: \$ Monetary Donation: I have enclosed a check made payable to the Cherokee Indian Hospital Foundation for: \$ Monetary Donation: I have made a donation to the Cherokee Indian Hospital Foundation

· VIA CIHF website: \$