

THE CHEROKEE INDIAN HOSPITAL FOUNDATION PRESENTS

# *Black & White* **GALA**

JUNE *15* 2024

6PM TO 10PM

HARRAH'S CHEROKEE  
CASINO RESORT EVENT CENTER

SAVE THE DATE  
FORMAL INVITATION TO FOLLOW

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

**Please return this form to [CIHAFoundation@gmail.com](mailto: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**



**CHEROKEE INDIAN  
HOSPITAL FOUNDATION**

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

**Name:** \_\_\_\_\_

**Company/ Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

To receive information & updates related the Gala via the newsletter, please provide your email address  
**Email:** \_\_\_\_\_

**I am/we are pleased to make the following sponsorship/underwriting donation:**

- ☐ Platinum Sponsor \$5,500
- ☐ Gold Sponsor \$3,500
- ☐ Silver Sponsor \$2,000
- ☐ Second Table- Additional \$2,000

**I/ We are unable to attend but would like to support the Cherokee Indian Hospital Foundation by being a:**

- |  |  |
|--|--|
| <input type="checkbox"/> Band Sponsor                  | <input type="checkbox"/> Dessert Sponsor (\$2,500)         |
| <input type="checkbox"/> Dessert Sponsor (\$3,500)     | <input type="checkbox"/> Signature Drink Sponsor (\$2,000) |
| <input type="checkbox"/> Raffle Sponsor                | <input type="checkbox"/> Wine Pull Sponsor (\$1,500)       |
| <input type="checkbox"/> Signature (\$2,000)           |  |
| <input type="checkbox"/> Photo Booth Sponsor (\$1,500) |  |

**I/ We will provide payment for our sponsorship/donation by:**

- ☐ Please send an invoice to: \_\_\_\_\_
- ☐ I have provided payment in the amount of \$ \_\_\_\_\_ via the CIHF website.
- ☐ I have enclosed a check made payable to the Cherokee Hospital Foundation for \$ \_\_\_\_\_
- ☐ I am unable to attend, however I have enclosed my donation of \$ \_\_\_\_\_



## 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: \$ \_\_\_\_\_