

*The 12th Annual Cherokee Indian Hospital  
Foundation Gala Presents A*

# STAR

*Filled Summer Night*

✧ **JULY 15 2023** ✧

*Harrah's Cherokee Casino & Resort  
The Cherokee Convention Center Ballroom  
Registration & pre-function  
activities begins at 5:15 p.m.*

## *Black-Tie Event*

✧ featuring special guest ✧  
*Best Selling Author*  
*Dr. Stephen Trzeciak*  
*Chief of Medicine at Cooper University Healthcare*

*Photo Booth / Dinner / Cash Bar*

✧ *Silent Auction* ✧  
*featuring premium items*

✧ *Artist's Market* ✧  
*hosted by Authentically Cherokee*

✧ *Live Music* ✧  
*from Crocodile Smile*

✧ *Wine Pull* ✧  
*featuring local wineries*



# CHEROKEE INDIAN HOSPITAL FOUNDATION

12th Annual Foundation Gala

July 15th, 2023

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

E-mail: \_\_\_\_\_

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

- ☐ Platinum Sponsor \$5,500
- ☐ Gold Sponsor \$4,000
- ☐ Silver Sponsor \$3,000
- ☐ Bronze Sponsor \$2,000

***I/ We will support the Cherokee Indian Hospital Foundation by:***

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

***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 Sheyahshe Littledave 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, July 15, 2023

**Platinum Sponsor (\$5,500)**

Reserved Table with Dinner for 10 w/Priority Seating  
Complimentary Valet Parking  
Dedicated Attendant for Bar Service  
Special Photos w/Speaker; Officials

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 Sponsor (\$4,000)**

Reserved Table with Dinner for 10 w/Priority Seating  
Dedicated Attendant for Bar Service  
Extended Recognition in Printed & Electronic Program

Recognition in Press Release  
Special Photos w/Speaker; Officials  
Recognition on website & social media

**Silver Sponsor (\$3,000)**

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

Recognition in Press Release  
Recognition on website & social media

**Bronze Sponsor (\$2,000)**

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

Recognition on website and social media

**Band Sponsor**

Recognition Printed & Electronic Program  
Recognition on website and social media

**Photo Booth Sponsor**

Recognition Printed & in Electronic Program  
Recognition on website and social media

**Dessert Sponsor**

Recognition Printed & Electronic Program  
Recognition on website and social media

**Wine Pull Sponsor**

Recognition Printed & Electronic Program  
Recognition on website and social media

**Raffle Sponsor**

Recognition Printed & Electronic Program  
Recognition on website and social media

**Donation of Silent Auction Item(s)**

Recognition Printed & Electronic Program  
Recognition on website and social media

**Signature Drink Sponsor**

Recognition Printed & Electronic Program  
Recognition on website and social media

**Monetary Donation**

Recognition Printed & Electronic Program  
Recognition on website and social media



**CHEROKEE INDIAN  
HOSPITAL FOUNDATION**

July 15th, 2023

*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*

# Donation Form

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

