



Providence Hood River Memorial Hospital Foundation's

Heart of Gold Dinner

Saturday, March 14, 2026

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor

Contribution: \$10,000

- Two (2) prominently placed tables for eight, includes dinner and wine
- Logo inclusion with prominent placement on printed invitation*
- Logo inclusion with prominent placement on website & event collateral
- Spotlight on social media

Gold Sponsor

Contribution: \$5,000

- One (1) prominently placed table for eight, includes dinner and wine
- Logo inclusion on printed invitation*
- Logo inclusion on website & event collateral
- Social media graphics to showcase your support

Silver Sponsor

Contribution: \$2,500

- One (1) table for eight, includes dinner and wine
- Logo inclusion on printed invitation*
- Logo inclusion on website & event collateral
- Social media graphics to showcase your support

Drink Sponsor

Contribution: \$2,500

- Gala tickets for four (4), includes dinner and wine
- Signature cocktail sponsored by: signs featuring your logo
- Verbal recognition during the cocktail hour
- Logo inclusion on website & event collateral
- Social media graphics to showcase your support

Game Sponsor

Contribution: \$2,500

- Gala tickets for four (4), includes dinner and wine
- Logo and verbal recognition during the event at the start of dinner with participation from a company representative
- Logo inclusion on website & event collateral
- Social media graphics to showcase your support



Providence Hood River Memorial Hospital Foundation's

Heart of Gold Dinner

Saturday, March 14, 2026

SPONSORSHIP OPPORTUNITIES

Photo Booth Sponsor

Contribution: \$1,500

- Gala ticket for four (4), includes dinner and wine
- Logo inclusion on printed photobooth photos
- Recognition as Photo Booth Sponsor on website & event collateral
- Social media graphics to showcase your support

Bronze Sponsor

Contribution: \$1,500

- One (1) table for eight, includes dinner and wine
- Name inclusion on printed invitation*
- Name inclusion on website & event collateral
- Social media graphics to showcase your support

Table Sponsor

Contribution: \$1,200

- One (1) table for eight, includes dinner and wine
- Name inclusion in the commemorative program
- Social media graphics to showcase your support

*Invitation inclusion if commitment is received by February 1, 2026.

Unable to fill your table? Let us know, we can help!



Providence Hood River Memorial Hospital Foundation's

Heart of Gold Dinner

Saturday, March 14, 2026

2026 Sponsor Commitment Form

Event proceeds will be used to support the Women's and Children's programs at Providence Hood River

Name: _____ Company: _____

How you would like to be listed in materials for this sponsorship: _____

Email address: _____

Address: _____

City/State/ZIP: _____

Day Phone: _____ Evening Phone: _____

For more information,
please call 541-387-6242.
Deadline for reservations is
March 6, 2026.

I wish to make the following reservation:

- | | |
|--|----------|
| <input type="checkbox"/> Presenting Sponsor • \$10,000 (FMV \$1440) | \$ _____ |
| <input type="checkbox"/> Gold Sponsor • \$5,000 (FMV \$720) | \$ _____ |
| <input type="checkbox"/> Silver Sponsor • \$2,500 (FMV \$720) | \$ _____ |
| <input type="checkbox"/> Drink Sponsor • \$2,500 (FMV \$360) | \$ _____ |
| <input type="checkbox"/> Game Sponsor • \$2,500 (FMV \$360) | \$ _____ |
| <input type="checkbox"/> Photo Booth Sponsor • \$1,500 (FMV \$360) | \$ _____ |
| <input type="checkbox"/> Bronze Sponsor • \$1,500 (FMV \$720) | \$ _____ |
| <input type="checkbox"/> Table Sponsor • \$1,200 (FMV \$720) | \$ _____ |
| <input type="checkbox"/> Individual Ticket • \$125 (FMV \$90) x _____ (QTY) | \$ _____ |
| <input type="checkbox"/> I am unable to attend the 2026 Hearts of Gold. I am enclosing a tax-deductible contribution to the Providence Hood River Hospital Foundation (FMV \$0): | \$ _____ |
| <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____ | |
| Total: \$ _____ | |

Payment Method:

- Check – Please make payable to Providence Hood River Hospital Foundation
 - Please send statement – I agree to make my payment in full by March 6, 2026
 - Charge – We will call you at your daytime phone number to obtain your credit card information.
- To ensure your personal information is secure, please **do not** fax or email your credit card information to our offices.

For more information or questions, please call: 541-387-6242 or email brandi.sheppard@providence.org

Please return this form to:

Providence Hood River Hospital Foundation

Attn: Brandi Sheppard

PO Box 149

Hood River, OR 97031

Phone 541-387-6242 Federal Tax ID: 93-0921990

If you do not wish to receive further communications about fundraising in support of Providence, please call 541-387-6342. Thank you.