



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



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### 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!



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## 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"/> <b>Presenting Sponsor • \$10,000</b> (FMV \$1440)   | \$ _____        |
| <input type="checkbox"/> <b>Gold Sponsor • \$5,000</b> (FMV \$720)   | \$ _____        |
| <input type="checkbox"/> <b>Silver Sponsor • \$2,500</b> (FMV \$720)   | \$ _____        |
| <input type="checkbox"/> <b>Drink Sponsor • \$2,500</b> (FMV \$360)  | \$ _____        |
| <input type="checkbox"/> <b>Game Sponsor • \$2,500</b> (FMV \$360)   | \$ _____        |
| <input type="checkbox"/> <b>Photo Booth Sponsor • \$1,500</b> (FMV \$360)  | \$ _____        |
| <input type="checkbox"/> <b>Bronze Sponsor • \$1,500</b> (FMV \$720)   | \$ _____        |
| <input type="checkbox"/> <b>Table Sponsor • \$1,200</b> (FMV \$720)  | \$ _____        |
| <input type="checkbox"/> <b>Individual Ticket • \$125</b> (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 _____             | \$ _____        |
| <b>Total:</b>  | <b>\$ _____</b> |

### 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](mailto: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.*