

83RD PINK BALL SPONSORSHIP OPPORTUNITIES

27 APRIL 2019 | COUNTRY CLUB OF JACKSON

2019 Pink Ball proceeds will benefit the Structural Heart Program and Procedure Room.

ANGEL SPONSORSHIP: \$10,000

- Angel Sponsorship recognition in all print materials
- Complimentary table and tickets for 8 at the event
- Full-page color ad in the event program
- Premium seating
- Commemorative Pink Ball Drinkware for 8

HEALER SPONSORSHIP: \$8,000

- Healer Sponsorship recognition in all print materials
- Complimentary table and tickets for 8 at the event
- Full-page color ad in the event program
- Premium seating

CAREGIVER SPONSORSHIP: \$4,000

- Caregiver Sponsorship recognition in all print materials
- Complimentary table and tickets for 8 at the event
- Full-page color ad in the event program

WELLNESS SPONSORSHIP: \$2,000

- Wellness Sponsorship recognition in all print materials
- Complimentary tickets for 4 to the event
- Half-page color ad in the event program

INDIVIDUAL TICKETS:

- \$150 per person (\$100 Tax-deductible)

PROGRAM BOOK AD SPECS AND PRICES:

- Full-page ads: 5" wide by 7.75" high - \$600
- Half-page ads: 5" wide by 3.75" high - \$300

Form and payment may also be submitted electronically at HenryFord.com/PinkBall.



**HENRY FORD
ALLEGIANCE HEALTH**

YES, COUNT ON MY PARTICIPATION AT THE FOLLOWING LEVEL:

- Angel Sponsorship: \$10,000
- Healer Sponsorship: \$8,000
- Caregiver Sponsorship: \$4,000
- Wellness Sponsorship: \$2,000
- Full page black and white ad: \$600
- Half page black and white ad: \$300
- Individual tickets _____ : \$150 per person
- I am unable to attend, but enclosed is my donation of: _____

Contact Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

I would like our acknowledgement to appear as follows in printed material:

Name: _____

Company Name: _____

Authorized Signature: _____

Title: _____ Date: _____

Please charge my: (check one)

- MasterCard
- Visa
- Discover
- American Express Card

Card Number: _____

Exp date: _____ Security code from back of card: _____

Name as it appears on card: _____

Address associated with card: _____

City/State/Zip: _____

- Please invoice me for my 2019 sponsorship.

Please send completed form and your gift made payable to:

Volunteers of Henry Ford Allegiance Health

205 N. East Avenue, Jackson, MI 49201

Phone: (517) 205-4840 Fax: (517) 205-6434

Ad copy options:

- Email print-ready ad to Carrie Joers at artist@carriejoers.com
- Use same ad as last year
- Please create an ad for me, my hi-res logo and content will be emailed to Carrie Joers at artist@carriejoers.com

Preferred file formats are 300 dpi, CMYK or BW, pdf, .tif, or jpeg

Deadline for securing sponsorships is Monday, March 18,
with ad copy due Friday, March 22.