



Foundation Sponsorship Benefits



Promotion/Visibility	Silver \$500	Gold \$1,000	Platinum \$5,000	Diamond \$10,000
Ticket to Event: Silver- Two Tickets Gold- Four Tickets Platinum- Six Tickets Diamond- Eight Tickets				
Your company's name announced by the emcee at the event				
Sponsorship Book Ad: Silver- ¼ Page Gold- ½ Page Platinum/Diamond-Full Page (Diamond receives colored page)				
Your company will have a banner at our event (placement will vary)				
Your company's information will appear on the digital screens at the event				
Use of a balcony to set up an informational display or booth (Diamond level receives premium placement)				
Billboard on the outside of the venue, VIP seating area, and menu upgrades				



Foundation Sponsorship Form



Tri State Health Foundation is a 501(c)(3) nonprofit organization. Your Donation is tax deductible to the extent permissible by law. **EIN: 27-3282611**

Company/Organization:

Title: _____ Name: _____
Phone: _____ Fax: _____ E-Mail: _____
Address: _____
City: _____ State: _____ Zip: _____

Sponsorship Level:

Diamond: Platinum Gold Silver Other

Payment Options:

Online payment - Go to www.TriStateHealthFoundation.org and click on the **Get Involved** Tab
 Check Enclosed- Payable to: Tri-State Health Foundation. Please send registered mail to Tri State Health Foundation, 2840 Pine Rd. Unit D-1, Huntingdon Valley, PA 19006.
 Credit Card: Fill out the information below:

Name _____ Card number _____
Expiration date ___/___ Security Code _____ Billing address _____

Authorized signature _____ Date _____

The Tri State Health Foundation is very grateful for the generosity of your donation. We are on a mission to save more lives in the communities we serve.

Please send the following sponsor information to ws@TriStateHealthFoundation.org:

- The exact name of the sponsoring company as it should appear in print
- A (3) inch wide logo at 300 dpi (jpeg format preferred)
- The address (URL) of the website you would like linked to screen displays

Please return this form (and check if appropriate) to:

Tri State Health Foundation
2840 Pine Road Unit D-1
Huntingdon Valley, PA 19006

Sponsor signature _____ Date _____

2840 Pine Road Unit D-1
Huntingdon Valley, PA 19006
(215) 914-6903
ws@TriStateHealthFoundation.org
EIN: 27-3282611