



Contact Julie Ott, Director of Events Julie.Ott@hhs.sccgov.org 408.282.2687

Sponsorship Opportunities and Benefits

	PRESENTING \$50,000	PREMIER \$25,000	SIGNATURE \$10,000	TABLE \$5,000
Presented by "Your Name Here"	■			
Opportunity to speak during the program	■			
Inclusion in VMC Foundation's Impact Report and Annual Report (2,500 impressions)	■			
Logo on full-page ad in the San Jose/Silicon Valley Business Journal (40K impressions)	■			
Invitation to lunch with VMC Foundation Board Chair and CEO	■			
Logo/name listed on all communications and event materials	■			
Logo rotated on main stage for duration of event	■	■		
Lyft ride for all your guests (up to \$50 each)	■	■		
Full-page color ad in event program	■			
Welcome letter in event program	■			
Half-page color ad in event program		■		
Champagne bottle service and cocktail service during dinner	■	■		
Verbal recognition during program	■	■	■	
Private behind-the-scenes VMC tour for 10	■	■	■	
Five raffle tickets to the table host	■	■	■	
Professional photo of your table guests	■	■	■	
Sponsorship of premium event feature with logo sign (Craft Cocktails, Living Art, Entertainment)	■	■		
Sponsorship of signature event feature with logo sign (Lighting, Dessert, Shuttles, Auction)			■	
Name listed on website	■	■	■	■
Name listed in printed program	■	■	■	■
Table for 20 at head tables	■			
Table for 10 at premium table location		■		
Table for 10 at upgraded table location			■	
Table for 10, ensures you are seated together				■

SPONSORSHIP COMMITMENT FORM

Contact Name

Title

Company Name

Date

Street Address

City, State, Zip

Phone

Email

How would you like to be listed on promotional materials?

SPONSORSHIP LEVEL	
PLEASE SELECT ONE.	
Presenting Sponsor	\$50,000
Premier Sponsor	\$25,000
Signature Sponsor	\$10,000
Table Sponsor	\$5,000
I'm unable to attend but would like to underwrite the event in the amount of:	
 Thank you for supporting the VMC Foundation and Santa Clara Valley Medical Center!	

PAYMENT INFORMATION		
Check enclosed	Mailing check	
VISA	MC	AmEx
Account Number		Exp
Name on Card		
Cardholder Address (if different from above)		
Signature		Date

