

Dear Friend of Valiant Women,

Valiant Women of Providence Mission Hospital invites you to celebrate your Spirit of Giving by sponsoring The Valiant Women Luncheon and Fashion Show, at the Arroyo Trabuco Golf Club on **Friday, October 7, 2022.** Our dedicated sponsors receive special recognition throughout the event in the printed program, signage and audiovisual presentations that are viewed by more than 300 event guests.

Because of sponsors like you, since the formation of Valiant Women in 1994, we have raised over \$3.95 million. It is our mission to accelerate our fundraising efforts to increase the number of individuals who can benefit from our commitment to meeting the medical, surgical, educational, and spiritual needs in our community.

The proceeds from the Luncheon and Fashion Show support Valiant Women's five year fundraising priorities:

Leonard Cancer Institute	\$500,000
Labor & Delivery (Remodel)	\$250,000
Birth Center	\$190,000
Women & Infants	\$164,000
Nursing Scholarships	\$200,000
Nursing Scholarship Endowment	\$125,000

These are critical areas of need and your support is essential to care for the women in our community. One of the highlights of the Valiant Women Luncheon and Fashion Show features Mission Hospital physicians and nurses as our runway models. The event also includes a robust silent auction and premium raffles.

Please take advantage of the opportunity to sponsor Valiant Women and Women's Health in our community. For your convenience, we've enclosed the details for each sponsorship level, a donation form. Please return the enclosed forms with your donation or commitment by **August 15, 2022** to ensure appropriate recognition.

If you have any questions, please email us at Valiantwomen@stjoe.org or feel free to reach out to us at one of the telephone numbers below. On behalf of the many women and their families served at Providence Mission Hospital, thank you. We look forward to hearing from you.

Michelle Danly Chair, Luncheon and Fashion Show (949)295-8519





Sponsorship I	₋evels	TITLE \$50,000 * <i>TR:</i> \$47,200	PRESENTING \$23,00 *TR: \$23,750	RUNWAY \$20,000 *TR:\$18,850	VALIANT \$10,000 *TR: \$9,310	REGAL \$5,000 *TR: \$4,540	MAJESTIC \$2,500 *TR: \$2,270	NOBLE \$1,000 *TR: \$1,000	GEM \$500 *TR: \$500
RESORT STAY	One-night stay at the Monarch Beach Resort on [night before event].								
CUSTOM RECOGNITION	Tailored to your request and approved by the foundation.								
HOSPITAL RECOGNITION	Mission Hospital Foundation Guardian Member. **								
SIGNAGE & MEDIA RECOGNITION	At the event and in event press releases. THINK PINK Wall of Honor presence.								
WEB PAGE RECOGNITION	Name/logo on Mission Hospital event web page. THINK PINK Wall of Honor								
INVITATION & NEWSLETTER RECOGNITION	2,500 printed invitations and in the newsletter.								
TABLES & SEATING	Premier & priority seating at the Luncheon and Fashion Show with bottle service. ***	Two tables of 10 with premier seating <i>Four (4) Bottles</i> ***	One table of 10 with premier seating <i>Two (2) Bottles***</i>	One Table of 10 with premier seating	Six (6) seats with priority seating	Four (4) seats with priority seating	Two (2) seats with priority seating		
SWAG BAG PROMOTION	Opportunity to include a promotional item in the swag bag.								
PROGRAM ADVERTISEMENT	550 printed event programs and audio/visual recognition.	Cover and inside cover	Center Spread	One (1) Full Page (Prominent location)	One (1) Full Page	1/2 Page	1/4 Page	Business Card	Special Recognition

*TR: Tax-deductible Receipt Amount.

**For a cumulative gift of \$25,000 or more, you will become a Mission Hospital Foundation Guardian, which includes an invitation to a special appreciation event and recognition on the Spirit of Giving Wall at Mission Hospital.

***Bottle service includes wine or champagne.





2022 UNDERWRITING OPPORTUNITIES

INVITATIONS - \$5,000

Listed as Invitation Underwriter on invitations sent to more than 2,500 people. A half-page ad in the event program.

HOSTED COCKTAIL HOUR - \$5,000

Recognition as the Cocktail Hour Underwriter on over 2,500 invitations. A half-page ad in the event program.

VALET PARTNER - \$5,000

Your name/company listed on event signage. A half-page ad in the event program.

PRINTED PROGRAMS - \$2,500

Listed as the Program Underwriter on the back cover of 350 programs. A quarter-page ad in the event program.

CENTERPIECES - \$2,500

Your name/company listed on event signage. A quarter-page ad in the event program seen by over 300 guests.

TABLE FAVORS - \$2,500

Your name/company listed on event signage. A quarter-page ad in the event program seen by over 300 guests.

PLEASE NOTE: All underwriting opportunities exclude event tickets. All underwriting opportunities are 100% tax-deductible.

If you would prefer not to receive fundraising mail or event invitations from Providence Mission Hospital, please call us (949) 364-7783 or check the box and return to the foundation and we will remove your name from all future mailings.

□ Please remove me from your solicitation mailing lists.





Name/Business:		_Contact (for business):			
Address:					
City:	Sta	te:	Zip:		
Primary Phone: ()	_Secondary Phone: ()		
Email:					
I would like to be re	cognized in the program as:				
WE ARE PLEASE	D TO MAKE THE FOLLOWING SPON	SORSHIP DONATION:			
	\$50,000 – Two (2) tables/20 seats	PRESENTING	\$25,000 - 1 table/10 seats SOLD		
RUNWAY	\$20,000 – One (1) table/10 seats	U VALIANT	\$10,000 - Six (6) seats	
REGAL	\$ 5,000 – Four (4) seats	□ MAJESTIC	MAJESTIC \$ 2,500 – Two		
	\$ 1,000	GEM	\$ 500		
I/WE ARE PLEAS	ED TO UNDERWRITE THE FOLLOW	/ING (100% TAX-DEDUC	TIBLE):		
	\$5,000	HOSTED COCKT	HOSTED COCKTAIL HOUR		
	\$5,000	PRINTED PROGR	□ PRINTED PROGRAMS \$		
	\$2,500	TABLE FAVORS \$2,50		\$2,500	
SILENT AUCTION	CT ME REGARDING AN IN-KIND DO I AG (375 minimum quantity required –restrict		JWING:		
□ I would like to pre-p	burchaseseat(s) a				
□ I would like to pre-purchasetable		at \$2,000 (table of ten).			
Ple	ease note that a formal invitation will be sen	t prior to the event with all the	event details.		
	F DONATION: \$ a check made payable to: <u>Providence I</u> to charge my credit card: ❑ VISA			RESS	
Card Number:		Expiration Date	:	CVV:	
	rdholder:				
	ardholder:				
		rn this form to the attention			

Providence Mission Hospital Foundation 27700 Medical Center Road, Mission Viejo, CA 92691 For questions or further information, please call Jennifer Garner (949) 364-4875. FEDERAL TAX I.D. # 95-1643360