



Dear Friend of Valiant Women,

Valiant Women of Providence Mission Hospital invites you to celebrate your Spirit of Giving by sponsoring The Valiant Women Brunch of Hope at the Arroyo Trabuco Golf Club on Thursday, October 12, 2023.

We are thrilled to announce our guest speaker, Kay Warren. Kay is an American author, international speaker, Bible teacher, a mental health activist and an advocate for women's health.

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 more than \$7 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 Valiant Women Brunch of Hope will support women's health at Providence Mission Hospital.

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. Please return the enclosed forms with your donation or commitment by August 15, 2023 to ensure appropriate recognition on the invitation.

If you have any questions, please email us at [Valiantwomen@stjoe.org](mailto: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.

Warm regards,

Michelle Danly  
Valiant Women Chair, Board of Directors  
(949) 295-8519

Brooke Medina  
Brunch of Hope Chair  
(760) 533-6617





Sponsorship Levels		TITLE \$50,000 *TR: \$47,440	PRESENTING \$25,000 *TR: \$23,720	HOPE \$20,000 *TR: \$18,820	VALIANT \$10,000 *TR: \$9,292	DREAM \$5,000 *TR: \$4,528	PURPOSE \$2,500 *TR: \$2,264	NOBLE \$1,000 *TR: \$1,000	GEM \$500 *TR: \$500
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								
WEB PAGE RECOGNITION	Name/logo on event web page								
INVITATION & NEWSLETTER RECOGNITION	Printed invitations and in the newsletter								
TABLES & SEATING	Premier & priority seating at the Brunch with bottle service ***	Two tables of 10 with premier seating. Four (4) Bottles***	One table of 10 with premier seating. Two (2) Bottles***	One table of 10 with premier seating.	Six(6) seats	Four (4) seats	Two (2) seats		
SWAG BAG PROMOTION	Opportunity to include a promotional item in the swag bag								
PROGRAM ADVERTISEMENT	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 Providence Mission Hospital Foundation Guardian, which includes an invitation to a special appreciation event and recognition on the Spirit of Giving Wall at Providence Mission Hospital.

\*\*\*Bottle service includes wine or champagne.



## 2023 UNDERWRITING OPPORTUNITIES

### INVITATIONS - \$5,000

Listed as Invitation underwriter on invitations sent to more than 2,000 guests.  
A half-page ad in the event program.

### HOSTED MIMOSA BAR - \$5,000

Recognition as the Mimosa Bar underwriter on cocktail napkins.  
A half-page ad in the event program.

### HORS D'OEUVRE RECEPTION - \$4,000

Recognition as Hors d'oeuvre underwriter on appetizer napkins.  
A half-page ad in the event program.

### CENTERPIECES - \$3,500

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

### PRINTED PROGRAMS - \$2,500

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

### TABLE FAVORS - \$2,500

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

### SURVIVOR TABLE - \$2,000 (Limit 1)

Your name/company listed on signage at the Survivor Table.  
A business card ad in the event program.

### SHADE CANOPY - \$2,000

Your name/company listed on event signage.  
A business card ad in the event program.

### MUSICAL ENTERTAINMENT - \$1,500

Your name/company listed on event signage.  
A business card ad in the event program.

### PHOTOGRAPHY - \$1,000

Your name/company listed on event signage.  
A business card ad in the event program.

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 at (949) 364-7783 or check the box and return to the Foundation and we will remove your name.



CONTACT PERSON: \_\_\_\_\_  
COMPANY/ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
**I/WE WOULD LIKE TO BE RECOGNIZED AS:** \_\_\_\_\_

**I/ WE ARE PLEASED TO MAKE THE FOLLOWING SPONSORSHIP DONATION:**

<input type="checkbox"/> TITLE SPONSOR	\$ 50,000	<input type="checkbox"/> DREAM SPONSOR	\$ 10,000
<input type="checkbox"/> PRESENTING SPONSOR	\$ 25,000	<input type="checkbox"/> PURPOSE SPONSOR	\$ 5,000
<input type="checkbox"/> HOPE SPONSOR	\$ 20,000	<input type="checkbox"/> NOBLE SPONSOR	\$ 2,500
<input type="checkbox"/> VALIANT SPONSOR	\$ 10,000	<input type="checkbox"/> GEM SPONSOR	\$ 500

**I/ WE ARE PLEASED TO MAKE THE FOLLOWING UNDERWRITING DONATION:**

<input type="checkbox"/> INVITATIONS	\$ 5,000	<input type="checkbox"/> TABLE FAVORS	\$ 2,500
<input type="checkbox"/> HOSTED MIMOSA BAR	\$ 5,000	<input type="checkbox"/> SURVIVOR TABLE (Limit 1)	\$ 2,000
<input type="checkbox"/> HORS D'OEUVRE RECEPTION	\$ 4,000	<input type="checkbox"/> SHADE CANOPY	\$ 2,000
<input type="checkbox"/> CENTERPIECES	\$ 3,500	<input type="checkbox"/> MUSICAL ENTERTAINMENT	\$ 1,500
<input type="checkbox"/> PRINTED PROGRAM	\$ 2,500	<input type="checkbox"/> PHOTOGRAPHY	\$ 1,000

**PLEASE CONTACT ME REGARDING AN IN-KIND DONATION FOR THE FOLLOWING:**

- ☐ SILENT AUCTION  
☐ GUEST SWAG BAGS (350 minimum quantity required -restrictions apply)

- ☐ I WOULD LIKE TO PRE-PURCHASE \_\_\_\_\_ SEAT(S) AT \$200 PER PERSON.  
☐ I WOULD LIKE TO PRE-PURCHASE \_\_\_\_\_ TABLE(S) AT \$1,800 (TABLE OF TEN).

**TOTAL AMOUNT OF DONATION: \$** \_\_\_\_\_

**PAYMENT INFORMATION**

- ☐ I/WE HAVE ENCLOSED A CHECK MADE PAYABLE TO: PROVIDENCE MISSION HOSPITAL FOUNDATION  
Mail to: Providence Mission Hospital Foundation  
27700 Medical Center Road  
Mission Viejo, CA 92691

- ☐ PLEASE CHARGE MY CREDIT CARD (Please mark one):  
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

For questions or further information, please call Cindy Williams (949) 365-3865.  
FEDERAL TAX I.D. # 95-1643360

