A LETTER FROM THE GALA CHAIR

We are thrilled to announce that Providence Mission Hospital’s 51st Holiday Gala, All Is Bright, is right around the corner. This is a momentous occasion where our community comes together to honor the vital role our hospital plays in our lives and to raise funds that enable us to achieve excellence.

Our hospital is not just a building, it is a sanctuary. It is where our children take their first breath, where we rush in times of emergencies, and where our lives are saved when every second counts. We owe it to Providence Mission Hospital to show our unwavering support because the hospital has always been there for us.

Providence Mission Hospital has always been a beacon of hope, attracting exceptional physicians who are dedicated to our community. Their commitment, combined with the tireless support of our community, allows Providence Mission Hospital to offer the latest advancements in medical care. Additionally, the enduring presence of the Sisters of Providence and the Sisters of St. Joseph of Orange provides a spiritual embrace to all who seek solace within our hospital walls.

We cordially invite you to join us, alongside our esteemed physicians, caregivers, and fellow community members, as we celebrate 51 years of sacred moments. Together, let us pave the way for the next generation of healthcare, ensuring that Providence Mission Hospital continues to be a pillar of strength for our community.

Your presence and support at this gala will make a profound impact on the future of healthcare in our community. Let us come together in unity and celebration, as we raise our glasses to Providence Mission Hospital’s remarkable journey.

Blessings,

Stacy Jones
Holiday Gala Chair
## SPONSORSHIP OPPORTUNITIES

<table>
<thead>
<tr>
<th>ALL IS BRIGHT HOLIDAY GALA</th>
<th>BRILLIANT $150,000** TR: $143,960</th>
<th>LUMINESCENT $100,000** TR: $93,960</th>
<th>RADIANT $50,000** TR: $44,560</th>
<th>DAZZLING $25,000* TR: $22,170</th>
<th>GLOWING $10,000 TR: $9,258</th>
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</thead>
<tbody>
<tr>
<td>CUSTOM RECOGNITION</td>
<td>Tailored to your request and approved by the Foundation</td>
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<tr>
<td>NIGHT OF GALA</td>
<td>One-night stay for two at the Waldorf Astoria Monarch Beach Resort &amp; Club</td>
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<tr>
<td>MEDIA RECOGNITION</td>
<td>Included in event press release</td>
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<tr>
<td>HOSPITAL RECOGNATION</td>
<td>Spirit of Giving Wall</td>
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<tr>
<td>TABLES AND SEATING</td>
<td>Premier and preferred seating at the Holiday Gala</td>
<td>2 Premier Tables 20 Seats</td>
<td>2 Premier Tables 20 Seats</td>
<td>1 Premier Table 10 Seats</td>
<td>1 Preferred Table 10 Seats</td>
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<tr>
<td>WEBPAGE RECOGNITION</td>
<td>Name/logo on Providence Mission Hospital event webpage</td>
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<td>INVITATION RECOGNITION</td>
<td>2,500 printed invitations Deadline: September 29, 2023</td>
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<td>AUDIO VISUAL RECOGNITION</td>
<td>At the Holiday Gala</td>
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<tr>
<td>PROGRAM MARKETING</td>
<td>Printed program 2-Page Spread 2-Page Spread Full Page Full Page Half Page</td>
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<tr>
<td>PROGRAM RECOGNITION</td>
<td>Printed event program Deadline: November 10, 2023</td>
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*GUARDIAN | $25,000 or more in cumulative cash gift(s)
Benefits include: Acknowledgement on the Spirit of Giving Wall at Providence Mission Hospital

** PHILANTHROPIST CIRCLE | $100,000 or more cumulative cash gift(s)
Benefits include: Foundation Liaison Program, invitation to Philanthropist Circle event, and acknowledgement on the Spirit of Giving Wall at Providence Mission Hospital
UNDERWRITING OPPORTUNITIES

AUCTION MANAGEMENT - $10,000
Recognition as Auction Platform underwriter on event signage and auction platform.
A full page ad in the event program.

DINNER WINE SERVICE - $8,000
Recognition as Dinner Wine Service underwriter on event signage.
A half-page ad in the event program.

VALET PARTNER - $7,000
Recognition as Valet Partner on event signage.
A half-page ad in the event program.

VIDEOGRAPHER - $5,000
Recognition as Videographer underwriter on event signage.
A quarter-page ad in the event program.

COCKTAIL HOUR - $5,000
Recognition as Cocktail Hour underwriter on cocktail napkins.
A quarter-page ad in the event program.

PHOTO BOOTH - $3,500
Recognition as Photo Booth underwriter on photo booth photos.
A quarter-page ad in the event program.

COAT CHECK - $1,500
Recognition as Coat Check underwriter 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.
Thank you for partnering with us to transform lives in south Orange County. Please complete this sponsorship form and return in the envelope provided.

**SPONSOR INFORMATION**

NAME: ________________________________________________________________________________________

COMPANY/ORGANIZATION: ____________________________________________________________________

ADDRESS: _____________________________________________________________________________________

CITY: ________________________________________________________STATE: _________ ZIP: ____________

CELL PHONE: _____________________________ EMAIL: ____________________________________________

BUSINESS PHONE: _____________________________ WEBSITE: ______________________________________

COMMITTEE CONTACT:_________________________________________________________________________

**SPONSOR RECOGNITION**

I would like to be recognized in the program as: ______________________________________________________

**SPONSORSHIP LEVELS**

☐ BRILLIANT (20 event tickets) $ 150,000 ☐ DAZZLING (10 event tickets) $ 25,000
☐ LUMINESCENT (20 event tickets) $ 100,000 ☐ GLOWING (2 event tickets) $ 10,000
☐ RADIANT (10 event tickets) $ 50,000

**UNDERWRITING OPPORTUNITIES**

☐ AUCTION MANAGEMENT — SOLD $ 10,000 ☐ COCKTAIL HOUR — SOLD $ 5,000
☐ DINNER WINE SERVICE — SOLD $ 8,000 ☐ PHOTO BOOTH — SOLD $ 3,500
☐ VALET PARTNER $ 7,000 ☐ COAT CHECK — SOLD $ 1,500
☐ VIDEOGRAPHER — SOLD $ 5,000

**EVENT TICKETS**

☐ Fund the Future Donation  Amount $__________

☐ Please reserve _____ event tickets at $600 (TR: $393) each with my sponsorshop.  Amount $__________

**PAYMENT**

☐ CHECK (Enclosed and payable to PROVIDENCE MISSION HOSPITAL FOUNDATION)

☐ CREDIT CARD ☐ American Express ☐ Mastercard ☐ Visa

CREDIT CARD NUMBER:__________________________________ CVV: ___________ EXP. DATE__________

**SIGNATURE:**_________________________________________________________________________________

If you would prefer to not receive fundraising mail or event invitations, please call us at 949-364-7783 or check the box below. Return this form and the Foundation will remove your name from all future mailings. ☐ Please remove me from your solicitation mailing lists.