



REPLY FORM

I would like to sponsor the following level

- Game Changer \$500,000
- Visionary \$250,000
- Champion \$100,000
- Influencer \$75,000
- Advocate \$50,000
- Mentor \$25,000
- Supporter \$10,000

I would like the opportunity to be the

- Exclusive Print Sponsor \$25,000
- Exclusive Goody Bag Sponsor \$15,000 + In-Kind
- Exclusive Floral Sponsor \$10,000 + In-Kind
- Exclusive Red Carpet Sponsor \$50,000 + In-Kind
- Exclusive Photography Sponsor \$10,000
- Exclusive Water Sponsor \$10,000
- Festival of Health Booth Sponsor \$12,500

Individual tickets (Early bird by Monday, March 26)

- Individual Tickets \$1250 / \$1000 Early bird
- Junior Tickets (35 and under) \$600 / \$500 Early bird
- Festival of Health Reception \$300 / \$250 Early bird

Additional Event Support

- Volunteer Meals
- In-Kind Services
- Auction Items
- Gala Program Ad
- Product Sampling for Gala Goody Bag

(Payment options on the next page)



PAYMENT OPTIONS

Charge to the following credit card

Amex Master Card Visa Discover

Name on card: _____

Card Number: _____

CVV: _____ Expires: _____

Address: _____

City / State / Zip: _____

Contact Name (If not yourself): _____

Telephone: _____

E-mail: _____

I have enclosed a check made payable to "HealthCorps"

I am paying online at gala.healthcorps.org

Please contact me: I am interested in making a gift of stock, securities, real estate, art or other personal property to HealthCorps.

Contact Information

Name: _____

Company: _____

In print material, please list my:

Name Company

If different from billing address

Address: _____

City / State / Zip: _____

Contact Name (If not yourself): _____

Telephone: _____

E-mail: _____