

Sister Joseph Rita Award for Medical Excellence

JEFFREY S. OPPENHEIM, MD

Hudson Valley Brain & Spine Surgery, Section Chief, Neurosurgery, Good Samaritan Hospital

Good Samaritan Hospital Medal of Honor

JOSEPH ALLEN

SVP Employee Communications and Community Affairs, Ret., Active International

SPONSORSHIPS

Rose Sponsor \$25,000 Exclusive

- Recognition as a 2019 Bon Secours Charity Health System Community Corporate Sponsor
- Premium seating for 24
- Journal ad back cover
- Logo on promotional materials and event signage

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- Premium seating for 10
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Lily Sponsor \$4,000

-) Seating for six
- Journal ad gold page
- Logo on promotional materials and event signage

Honoree Sponsor \$2,500

- Seating for two
- Journal ad platinum page
- Logo on promotional materials and event signage

\$400 per quest

Underwriting Opportunities Available

JOURNAL ADVERTISING

(All ads are printed in black ink.)

full page, 7.75" width x 10" height

platinum page \$2,000 gold page \$1,000 bronze page \$750 white page \$500

half white page \$350

7.75" width x 4.75" height

quarter white page \$200

3.75" width x 4.75" height

Deadline for Journal Ads Friday, April 5, 2019



Register online at goodsamhosp.org/springball

Proceeds from the Spring Ball will benefit Good Samaritan Hospital, a member of the Westchester Medical Center Health Network.





RESERVATION		
Contact Name	Solicitor's Name	
Company		
Address		
City	State	 Zip
Phone E-Mail		
Sponsor Level (Check below)		
O Rose O Orchid O Tulip O Crocus Lily \$25,000 \$15,000 \$10,000 \$6,000 \$4,000	O Honoree \$2,500	\$
Journal Ad (Check below) Deadline is Friday, April 5, 2019. O Platinum O Gold O Bronze White pages: O F \$750	Full O Half O Quarter	\$
Email high-resolution print-ready PDF ads to info_bschsfoundations@bshs Ads not submitted as print-ready will be presented in standard typestyle	si.org. es.	
	# of guests x \$400	\$
	Table Host / Table of 10 x \$4,000	\$
I / we are unable to atte	end, but will make a contribution.	\$
PAYMENT	TOTAL	\$
O Check Enclosed , (Please make checks payable to Good Samaritan Hos	pital Foundation.)	
○ Charge My Credit Card		I this form and payment to: itan Hospital Foundation
Credit Card Number		e Avenue, Suffern, NY 10901
Cardholder's Name		
Expiration Date Security Code Billing Zip Code Authorized Signatu	re Date Health	Hospital Westchester Medical Center Health Network

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