



Neighborhood Healthcare Gala

**St. Catherine Labouré Medical Clinic
Celebrates Neighborhood Healthcare with the Inaugural
G. Fred DiBona, Jr. Excellence in Healthcare Award**

Join us as we celebrate the 10th anniversary of St. Catherine Labouré Medical Clinic on **April 24, 2010** at the Doubletree Hotel Philadelphia. We're celebrating 10 years of providing compassionate and quality health care to the uninsured of Philadelphia by honoring Ann S. Torregrossa, Esq. with the **Inaugural G. Fred DiBona, Jr. Excellence in Healthcare Award**. Ann S. Torregrossa, Esq. is the Director of Pennsylvania Governor's Office of Health Care Reform (GOHCR), and has spent her career helping to make certain the uninsured had a voice with regards to healthcare.

Sponsorship Opportunities

____ Presenting Sponsor (underwriter)

One available at \$15,000

- Exclusive presenter of the event
- "Presented by: XYZ Corporation" on program cover
- Includes 3 tables of 10
- Opportunity to co-present award to honoree
- Full color ad on inside cover of program (5.5" x 8.5")
- Recognition in live presentation by emcee
- Recognition on event signage
- Recognition on each table
- Opportunity to provide a gift to each attendee

____ Reception Sponsor

Three available at \$5,000

- Includes 1 table of 10
- Recognition on event signage
- Full color inside back cover of program (5.5" x 8.5")
- Recognition on tables in reception area
- Opportunity to provide a gift to each attendee

____ Silver Sponsor

\$2,500

- Includes 6 tickets
- Recognition on event signage
- "Patient Advocate Page" in program
(Half page - 5.5" x 4.25")

____ Bronze Sponsor

\$1,000

- Includes 4 tickets
- "Patient Advocate Page" in program
(half page 5.5" x 4.25")

Please respond by April 9, 2010

Contact: Cindy Messerle: 215-658-1164 or email: cmesserle@clinicforuninsured.org

All logos, design files, and camera-ready ads may be submitted in tiff, eps, jpg, or quark format to cmesserle@clinicforuninsured.org by April 9, 2010. Messages & Ads submitted must fit given dimensions; St. Catherine's reserves the right to alter any images received that do not meet the stated size requirements.

PROCEEDS BENEFIT ST. CATHERINE LABOURÉ MEDICAL CLINIC

The official registration and financial information of (insert the legal name of the charity as registered with the department) may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.



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Program

Take advantage of this great opportunity to advertise your business or share a message with the honoree. Everyone in attendance will receive a program.

Program details:

Program covers (front and back) and inside cover pages will be in color

Full page ad – 5.5”x8.5”

Half page ad – 5.5” x 4.25”

Business Card – third of a page approximately 3.5”x2”

— **Back Cover** \$2,500 (*full color; size: full page - 5.5”w x 8.5”h*)

— **Inside Front Cover** \$2,000 (*full color; size: full page - 5.5”w x 8.5”h*)
(only available for Presenting sponsor)

— **Inside Back Cover** \$1,500(*full color; size: full page - 5.5”w x 8.5”h*)
(only available for Reception Sponsor)

— **“Comprehensive Care” Page** \$1,250 (*full color; size: full page- 5.5”w x 8.5”h*)
Plus 2 tickets to give to patients of the clinic

— **“Patient Advocate” Page** \$500 (*b&w; size: half page - 5.5”w x4.25”h*)

— **Business Card Ad** \$250 (*b&w; size: third of a page 3.5”x2”*)

— **Acknowledgement** \$150 (*2 lines of text*)

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Sponsor/Program Information:

Individual or firm name: _____

Address _____

City: _____ State _____ Zip _____

Contact person: _____ Title: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Sponsorship Amount: \$ _____

Ad type: _____

Text for Acknowledgement: _____

I am unable to sponsor but would like to donate \$ _____

Total \$ Enclosed: _____

Method of payment (check appropriate box):

Check Corporate Credit Card Personal Credit Card

Check one if paying by credit: MasterCard AMEX Visa

Card number: _____ Expiration date: _____

Name as it appears on the card: _____

Billing address of card: _____

Signature: _____

Deadline April 9, 2010

MAKE CHECK PAYABLE TO ST. CATHERINE LABOURÉ MEDICAL CLINIC

**MAIL TO: St. Catherine Labouré Medical Clinic
5838 Germantown Ave. Philadelphia, PA 19144
Phone 215-658-1164 Fax: (610)540-0190**

Deadline for page submission is Friday, April 9, 2010.