



**Thursday, April 28, 2022  
5:30 pm until 8:00 pm**

*Hosted by Dutton Architecture*

**The Fuller Building  
45 Pine Grove Avenue  
Kingston, NY**

**[www.bhfoundation.org](http://www.bhfoundation.org)**

## **SPONSORSHIP OPPORTUNITIES**

### **EXECUTIVE CHEF SPONSOR - \$1,500 (includes 6 reservations)**

- ◇ Premier logo placement / link on Benedictine Health Foundation web site
- ◇ Premier logo placement on Event Banners
- ◇ Sponsor logo placement on event announcement (deadline February 28, 2022)
- ◇ Sponsor acknowledged in social media, E-news

### **CHEF DE CUISINE - \$1,000 (includes 4 reservations)**

- ◇ Sponsor logo placement / link on Benedictine Health Foundation web site
- ◇ Sponsor logo placement on Event Banners
- ◇ Sponsor logo placement on event announcement (deadline February 28, 2022)
- ◇ Sponsor acknowledged in social media and E-news

### **SOUS CHEF/PASTRY CHEF - \$500 (includes 2 reservations)**

- ◇ Sponsor Name Recognition on Benedictine Health Foundation web site
- ◇ Sponsor acknowledged in social media and E-news

**[www.bhfoundation.org](http://www.bhfoundation.org)**

The **Sample Sip & Savor event** offers sponsors an opportunity to assist Local Residents that are struggling with a cancer diagnosis and whose financial means limit their ability to access or receive the care that they need. For additional information, contact Bernadette Rexford, Executive Director, Benedictine Health Foundation, (845) 481-1371 [breford@bhfoundation.org](mailto:breford@bhfoundation.org)

**Please Indicate Your Sponsorship Level:**

- Executive Chef Sponsor** \$ 1,500
- Chef de Cuisine Sponsor** \$ 1,000
- Sous Chef/Pastry Chef** \$ 500
- General Donation** \$ \_\_\_\_\_

Please submit logos via e-mail no later than February 28, 2022 to: [breford@bhfoundation.org](mailto:breford@bhfoundation.org) / (845) 481-1371. Preferred file formats: eps, tif, or pdf. Please place "SSS 22" in subject line.

**Contact Name:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**My payment of \$:** \_\_\_\_\_ **is:**  Check Enclosed  Invoice Requested

**Make checks payable to: *Benedictine Health Foundation*** and please write "SSS 22" in the check memo space. Mail this sponsorship form, along with your payment to: **Benedictine Health Foundation, 144 Pine Street, Suite 220, Kingston, NY 12401.**

**Please charge my:**  VISA  MC  AMEX  Discover

**Exp. Date:** \_\_\_\_\_ **CSV #:** \_\_\_\_\_ (3 digits on back or AMEX 4 digits on front)

\_\_\_\_\_  
**Credit Card Account #**

\_\_\_\_\_  
**PRINT Full Name of Cardholder**

\_\_\_\_\_  
**Cardholder's Signature**

\_\_\_\_\_  
**Address of Cardholder (if Different than Above)**

If you wish to pay by credit card over the phone, please contact the Benedictine Health Foundation office at 845-481-1457 or donate online @ [www.bhfoundation.org](http://www.bhfoundation.org)