

# SPONSORSHIP OPPORTUNITIES

BENEDICTINE HEALTH FOUNDATION'S 1<sup>ST</sup> ANNUAL

BENEDICTINE HEALTH FOUNDATION

# FAMILY FEUD

## “PREMIER TROPHY” SPONSOR

■ \$3500 (Exclusive, 1 only)

- Premier sponsor logo placement & link on Benedictine Health Foundation website
- Sponsor name on “Trophy” for one year
- Sponsor acknowledged at Event
- Sponsor logo acknowledged in social media and E-news
- 2 Team Entries plus 2 tickets (10 tickets total); note: Team consists of 3 with 1 Alternate

## “SURVEY SAYS” SPONSOR

■ \$1,500

- Sponsor logo placement & link on Benedictine Health Foundation website
- Sponsor acknowledged at Event
- Sponsor logo acknowledged in social media and E-news
- 1 Team plus 3 tickets (7 tickets total); note: Team consists of 3 with 1 Alternate

## “FAST MONEY” SPONSOR

■ \$750

- Sponsor logo placement & link on Benedictine Health Foundation website
- 1 Team plus 1 ticket (5 tickets total); note: Team consists of 3 with 1 Alternate

The 1st annual "Family Feud" event offers sponsors an opportunity to provide local cancer patients with financial support while they are struggling with a cancer diagnosis.

For additional information, contact: Bernadette Rexford, Executive Director, Benedictine Health Foundation, (845) 481-1371 • brexford@bhfoundation.org.

**Please Indicate Your Sponsorship Level:**

- "PREMIER TROPHY"..... \$3,500       TEAM ENTRY..... \$400
- "SURVEY SAYS"..... \$1,500       GENERAL DONATION..... \$ \_\_\_\_\_
- "FAST MONEY" ..... \$750

Please submit logos via e-mail no later than April 12, 2024 to: [brexford@bhfoundation.org](mailto:brexford@bhfoundation.org)  
Preferred file formats: eps, tif, or pdf. Please place "Family Feud" in the subject line.

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

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Make checks payable to: Benedictine Health Foundation and please write "Family Feud" 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 Number: \_\_\_\_\_ Full Name on Card: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Billing Address (if different than above: \_\_\_\_\_

If you wish to pay by credit card over the phone, please contact the Benedictine Health Foundation office at 845-481-1371 or donate online: [benedictinehealthfoundation.org](http://benedictinehealthfoundation.org)