Third Annual Gala

Donor & Sponsorship Packet

**Donation Levels**

(based on value of item or basket received)

*Baker-Cederberg Society* *$500 - $999*

Thank you from the podium by the Board chairs

Name on signage and program

Yearlong listing presence on Academy website with links

Listing in newsletter and annual reports of both organizations

4 Tickets to the 2016 Gala

*Marcena Sherman Ricker Society*  *$250 - $500*

Name on signage and program

Yearlong listing presence on Academy website

Listing in newsletter and annual reports of both organizations

2 Tickets to the 2016 Gala

*Edward Mott Moore Society $99 - $249*

Name on signage and program

Yearlong listing presence on Academy website

Listing in newsletter and annual reports of both organizations

*Alice May Denny Society $1 - $99*

Name on signage and program

Yearlong listing presence on Academy website

Listing in newsletter and annual reports of both organizations

**Sponsorship Levels**

*Lyon Family Society $5,000*

*available to 1 sponsor*

Opportunity to welcome attendees as part of evening program

Name and logo on 1441 Holiday Gala website, with link to your website

VIP seating in “secret room” over looking the entire event with food and beverage service

12 Tickets to the 2016 Gala

Name on signage, program, social media and screen

Full page advertisement with premium placement

Yearlong logo presence on Academy website with links

Logo in newsletter and annual reports of both organizations

*Eva Allerton Society $2,500*

Name and logo on 1441 Holiday Gala website, with link to your website

Name on signage, program, social media and screen

10 Tickets to the 2016 Gala

Half page advertisement

Yearlong logo presence on Academy website

Listing in newsletter and annual reports of both organizations

*John D. States Society $1,000*

Name on signage, program and social media

8 Tickets to the 2016 Gala

Half page advertisement

Yearlong listing presence on Academy website

Listing in newsletter and annual reports of both organizations

*Sarah Dolley Society $500*

Name on signage and program

6 Tickets to the 2016 Gala

Quarter page advertisement

Yearlong listing presence on Academy website

Listing in newsletter and annual reports of both organizations

*Sophia French Palmer Society $350*

Name on signage and program

4 Tickets to the 2016 Gala

Yearlong listing presence on Academy website

Listing in newsletter and annual reports of both organizations

**Sponsor Information Sheet**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List in print as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Sponsorship Opportunities*

\_\_ Lyon Family Society • $5,000

\_\_ Eva Allerton Society • $2,500

\_\_ John D. States Society • $1,000

\_\_ Sarah Dolley Society • $500

\_\_ Sophia French Palmer Society • $350

*Payment Info*

\_\_ Enclosed is my check made payable to the Rochester Academy of Medicine

\_\_ Please call me to make payment arrangements

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed form and an electronic version of company logo (if applicable) and send to [Lydia.Nicholson@raom.org](mailto:Lydia.Nicholson@raom.org), [Kathleen.Britton@rochesterregional.org](mailto:Kathleen.Britton@rochesterregional.org) or Rochester Medical Museum & Archives, 1441 East Avenue, Rochester, NY 14610. Company logo must be received by November 10th to be included in all benefits.

Contact Kathleen Britton at 585-922-1865 or Lydia Nicholson at 585-271-1314 with questions.

**Donor Information Sheet**

Donor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of the item you are donating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide an approximate retail value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We appreciate your support!*

*Thank you!*