

Please Join Us in Honoring

Sister Joseph Rita Award for Medical Excellence

MARY P. LEAHY, MD

President and CEO, Bon Secours Charity Health System a member of the Westchester Medical Center Health Network (WMCHealth)

Good Samaritan Hospital Medal of Honor

ACCESS PHYSICAL THERAPY & WELLNESS

SPONSORSHIPS

Rose Sponsor \$25,000 Exclusive

- Recognition as a 2020 Bon Secours Charity Health System Partner in Foundation materials, including events
- Premium seating for 24
- Journal ad back cover

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- Recognition as a 2020 Bon Secours Charity Health System Partner in Foundation materials, including events
- Premium seating for 12
- Journal ad inside cover

Tulip Sponsor \$10,000

- Recognition as a 2020 Bon Secours Charity Health System Partner in Foundation materials, including events
- Premium seating for 12
- Journal ad platinum page

Lily Sponsor \$5,000

- Seating for six
- Journal ad gold page

Honoree Sponsor \$1,500

- Seating for two
- Journal ad full white page

Sponsorships and Journal ads are now available.

- Seating will be based on sponsorship level.
- Individual tickets will go on sale April 1, 2020, if available.

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

Deadline for Journal Ads Wednesday, April 1, 2020



Proceeds will benefit the new Endoscopy Suite at Good Samaritan Hospital, a member of WMCHealth.





RESERVATION

Contact Name						
Company						
Address						
City			State	Zip		
Email			Phone			
Sponsorship Level (Select o ☐ Rose ☐ 325,000 ☐ \$15,000	ne) Tulip Lily \$10,000 \$5,000	☐ Honoree \$1,500			\$	
Journal Ad (Select one) Deadline is Wednesday, April 1, 2020.						
□ Platinum □ Gold \$2,000 \$1,000		/hite pages: ☐ Full \$500	□ Half \$350		\$	
Email high-resolution print-ready PDF ads to Info_BSCHSFoundations@bshsi.org. **Ads not submitted as print-ready will be designed using standard typestyles.**						
I / we are unable to attend, but will make a donation.					\$	
Downant				Total	\$	
Payment O Check Enclosed (Please make check payable to Good Samaritan Hospital Foundation.) O Charge My Credit Card Please send this form and payment to:						
Credit Card Number				Good Sama Attn: Spring	Good Samaritan Hospital Foundation Attn: Spring Ball 255 Lafayette Avenue, Suffern, NY 10901	
Cardholder's Name 845.368.5151						
Expiration Date S	ecurity Code	Billing Zip Code		WMC Health	Good Samaritan Hospital	
Authorized Signature		Date			Westchester Medical Center Health Network	

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