



**METHODIST**  
HOSPITALS  
**FOUNDATION**

# AN EVENING IN PARIS

A PASSPORT TO  
METHODIST HOSPITALS



## SPONSORSHIP OPPORTUNITIES

### **\$50,000 - AN EVENING IN PARIS SPONSOR**

- Two Premier Tables of 10
- Two Exclusive Recognition Banners
- Company Logo on Main Screen, Event Banners
- Special Acknowledgment in Program Book
- Sponsor Logo Displayed on Table
- Invitation to Speak at Event
- Special Recognition by Master of Ceremonies from Stage and a Crystal Award
- Listed in the Program Book

### **\$20,000 - THE VERSAILLES SPONSOR**

- Two Premier Tables of 10
- One Exclusive Recognition Banner
- Company Logo on Main Screen, Event Banners
- Sponsor Logo Displayed on Table
- Recognition on Event Website
- Special Recognition by Master of Ceremonies from Stage and a Crystal Award
- Listed in the Program Book

### **\$10,000 - THE EIFFEL TOWER SPONSOR**

- One Premier Table of 10
- Company Logo on Main Screen
- Recognition on Event Banners
- Company's Logo on Event Website
- Special Recognition by Master of Ceremonies and a Crystal Award
- Listed in Program Book

### **\$5,000 - THE ARC DE TRIOMPHE SPONSOR**

- 8 Tickets to the Gala
- Recognition on Event Banners
- Company's Logo on Event Website
- Listed in Program Book

### **\$3,000 - THE PARIS OPERA HOUSE SPONSOR**

- 4 Tickets to the Gala
- Recognition on Event Banners
- Company's Logo on Event Website
- Listed in Program Book

### **\$1,000 - THE LOUVRE SPONSOR**

- 2 Tickets to the Gala
- Recognition on Event Banners
- Listed in Program Book

### **\$500 - THE MONA LISA SPONSOR**

- 1 Ticket to the Gala
- Listed in Program Book

### **\$300 - INDIVIDUAL TICKETS**

- Ticket Includes: Cocktail Reception & Appetizers, 3-Course Dinner
- Gala Photo, Silent Auction, Music & Dancing



AN EVENING IN  
**PARIS**  
A PASSPORT TO  
METHODIST HOSPITALS

SATURDAY, MAY 10, 2025  
HARD ROCK CASINO NORTHERN INDIANA  
5400 WEST 29TH AVE, GARY

FOR MORE INFORMATION CONTACT  
THE METHODIST HOSPITALS FOUNDATION  
OFFICE AT 219.886.4468.

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name for Recognition Purposes \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

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Please Specify Sponsorship Level \_\_\_\_\_

Amount \_\_\_\_\_

Attendee Name(s) \_\_\_\_\_

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Checks Made Payable to: The Methodist Hospitals Foundation, 600 Grant Street, Gary, IN 46402

Credit Card Information \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_