

**Join us for an Evening on the Red Carpet!** Attend an unforgettable Hollywood-inspired evening benefiting the Methodist Hospitals Foundation. Your sponsorship directly supports programs that strengthen patient care, employees, and our community.

## SPONSORSHIP OPPORTUNITIES

### Red Carpet Sponsor - \$50,000

- Two Premier Tables of 10
- Two Exclusive Recognition Stand-up Banners to Keep
- Company Logo on Main Screen, Event Banners
- Special Acknowledgement page in Program Book and Social Media
- Sponsor Logo displayed on table
- Invitation to speak at event
- Special Recognition by Master of Ceremonies from Stage and a Crystal Custom Plaque

### Hollywood Star Sponsor - \$20,000

- Two Premier Tables of 10
- One Exclusive Recognition Stand-up Banner to Keep
- Company Logo on Main Screen, Event Banners
- Special Acknowledgement half page in Program Book
- Recognition on Event Website and Social Media
- Special Recognition by Master of Ceremonies from Stage and a Personalized Crystal Award

### Movie Premier Sponsor - \$10,000

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

### Director Sponsor - \$5,000

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

### Supporting Role Sponsor - \$3,000

- 4 tickets to the Gala
- Recognition on Event Banners
- Listed in Program Book

### Paparazzi Sponsor - \$1,000

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

### Spotlight Sponsor - \$500

- 1 ticket to the Gala
- Recognition on Event Banners
- Listed in Program Book

### Individual Tickets - \$300

- Includes: Cocktails, Appetizers, 3 Course Dinner
- Gala Photo / Silent Auction, Music & Dancing



# LIGHTS. CAMERA. **GENEROSITY.**

Saturday, June 13, 2026 • Hard Rock Casino Northern Indiana, Gary

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Scan the QR Code to learn more about the event.

Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

Attendee Name(s) - Check Box for Vegetarian

_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Checks Made Payable to: The Methodist Hospitals Foundation, 600 Richard Gordon Hatcher Blvd., Gary, IN 46402

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

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

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

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

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