

THIS IS THE TIME

2025 PIH HEALTH FOUNDATION GALA

BENEFITING PIH HEALTH CANCER CARE SERVICES

SATURDAY, MAY 3, 2025 - HYATT REGENCY HUNTINGTON BEACH RESORT AND SPA

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Email _____

TABLE SPONSOR OPPORTUNITIES

SOLD

☒ **Presenting Sponsor** _____ **\$50,000**

- Featured as Presenting Sponsor on all event materials
- Elite Seating for 30 (3 tables) with premier wine
- Full two-page color ad, prominently displayed in program book
- On-stage recognition
- Two complimentary rooms at the Hyatt Regency Huntington Beach Resort and Spa (night of Gala)

☐ **Platinum Sponsor** _____ **\$30,000**

- Elite Seating for 20 (2 tables) with premier wine
- Recognition on all event materials
- Full-page color ad in program book
- On-stage recognition
- One complimentary room at the Hyatt Regency Huntington Beach Resort and Spa (night of Gala)

☐ **Gold Sponsor** _____ **\$15,000**

- Elite Seating for 10 (1 table) with premier wine
- Recognition on all event materials
- Full-page color ad in program book
- On-stage recognition

☐ **Crystal Sponsor** _____ **\$13,000**

- Premium Seating for 10 (1 table) with premier wine
- Recognition on all event materials
- Full-page color ad in program book

☐ **Bronze Sponsor** _____ **\$7,500**

- Premium Seating for 10 (1 table) with select wine
- Recognition on all event materials
- Half-page color ad in program book

PROGRAM BOOK ADVERTISEMENT

- ☐ Full-page color ad, 5.5" wide x 8.5" tall, \$2,000
- ☐ Half-page color ad, 5.5" wide x 4.25" tall, \$1,000
- ☐ Quarter-page color ad, 2.75" wide x 4.25" tall, \$750

Email a PDF, EPS, or JPG (1MB +) to Cici.Zhang@PIHHealth.org by **April 4, 2025**.

EVENT UNDERWRITER OPPORTUNITIES

☐ **Dinner Underwriter** _____ **\$15,000**

- Name/Company logo featured on dinner menu
- Full-page color ad in program book
- On-stage recognition during event.
- Recognition as a benefactor in PIH Health publications
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Wine Underwriter** _____ **\$10,000**

- Name/Company logo featured on dinner menu
- Half-page color ad in program book
- Recognition as a benefactor in PIH Health publications
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Centerpiece Underwriter** _____ **\$10,000**

- Recognition as a benefactor in PIH Health publications
- Half-page color ad in program book
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Hosted Bar Underwriter** _____ **\$7,500**

- Name/Company logo featured on cocktail napkins and bar signage
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Auction Underwriter** _____ **\$6,000**

- Name/Company logo featured on bid paddles
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Valet Parking Underwriter** _____ **\$5,000**

- Recognition featured on signage at valet parking
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Photo Experience Underwriter** _____ **\$5,000**

- Recognition featured on signage at the photo area
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Program Book Underwriter** _____ **\$4,000**

- Name/Company logo featured on the back cover of program book
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Volunteer Underwriter** _____ **\$3,000**

- Recognition on volunteer materials
- Acknowledgement featured in event materials
- Recognition on event website and email communications

☐ **Friends of PIH Health** _____ **\$2,500**

- Acknowledgement featured in event materials
- Recognition on event website and email communications

INDIVIDUAL TICKET(S) AND DONATIONS

☐ Individual Ticket(s) \$500 x _____ = \$ _____

☐ I am unable to attend, but would like to make a donation in the amount of \$ _____.

To be recognized in the invitation as a Sponsor or an Underwriter, please confirm your sponsorship by February 24, 2025.

Total Amount Due \$ _____ Please charge my: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Credit Card Number _____ Exp. _____ CVV _____ Billing Zip Code _____

☐ Please send me an invoice

☐ Enclosed is my check in the amount of \$ _____ *Please make checks payable to PIH Health Foundation.*

7612 Greenleaf Ave., Whittier, CA 90602

For additional information, contact **562.967.2745** or **PIHHealth.Foundation@PIHHealth.org**.

Please sign below to confirm your support of 2025 PIH Health Foundation Gala:

Signature: _____



Thank you for your generous charitable support of PIH Health Foundation, tax ID No. 95-3761274.

PIH Health Foundation respects your privacy. If you prefer not to receive further communications, email **PIHHealth.Foundation@PIHHealth.org** or call **562.967.2745**. Please understand it may take up to 30 days to process your request.

