

SPONSORSHIP OPPORTUNITIES
AND PROGRAM ADVERTISING



HARVEST
BALL

Saturday, September 10, 2016

1768 Hubbell Homestead
At Colgate Park
Bennington, Vermont

To benefit
Southwestern Vermont Health Care

Honoring the 2016 Vision Award Recipients

WILLIAM KETTERER, MD
Health Care Leadership

BRIAN KNIGHT
Distinguished Community Service



HARVEST BALL

Please join Southwestern Vermont Health Care at our 7th Annual Harvest Ball, a gala evening of dining and dancing, to benefit Southwestern Vermont Health Care and our mission to provide exceptional care and comfort to the people we serve. The evening will include a benefit auction, a fabulous prize-package raffle, and The Putnam Challenge.

Each year at the Harvest Ball we recognize two deserving individuals for their efforts to advance the health system's vision of a healthier community. This year's Vision Award recipients are Dr. William Ketterer and Mr. Brian Knight. We ask that you take on a key role in supporting the Harvest Ball and in recognizing the 2016 honorees by becoming a sponsor, participating as a program advertiser or hosting a table of friends.

Since its inception the Harvest Ball has exceeded our expectations. Last year nearly 350 physicians, business leaders and community members attended to show their support for the good work our health system is doing here in Southwestern Vermont.

Details on the available sponsorship opportunities and a response form are included. Please do not hesitate to call the Foundation office at 802-447-5017 for additional information.

SPONSORSHIP LEVELS AND BENEFITS

Title Sponsor **\$10,000**

- ▶ Overnight accommodations for two on the night of the event
- ▶ Reserved table for ten
- ▶ Sponsor press release
- ▶ Name and logo on event banner, table toppers, signage, reciprocal link on website and social media
- ▶ Acknowledgement from podium and in thank-you advertisement
- ▶ Full-page program ad and full slide during auction presentation

Presenting Sponsor **\$5,000**

- ▶ Reserved table for ten
- ▶ Sponsor press release
- ▶ Name on event banner, table toppers, signage, reciprocal link on website and social media
- ▶ Half-page program ad, acknowledgement at event, and in thank-you advertisement

Lead Sponsor **\$2,500**

- ▶ Reserved seating for six
- ▶ Quarter page program ad
- ▶ Name on signage, website and social media
- ▶ Acknowledgement in thank-you ad

Supporting Sponsor **\$1,250**

- ▶ Reserved seating for four
- ▶ Name listed in program and on signage and social media
- ▶ Acknowledgement in thank-you ad

Host Sponsor **\$500**

- ▶ Reserved seating for two
- ▶ Name listed in program and on signage and social media
- ▶ Acknowledgement in thank-you ad

PROGRAM ADVERTISING

A commemorative program is created for each Harvest Ball and distributed to more than 350 attendees. The beautifully designed book includes profiles of the two Vision Award winners, congratulatory messages and advertisements from friends, sponsors and supporters, and lists of donors, committee members and volunteers. Space is limited, so reservations and camera-ready artwork are requested to be submitted by August 1, 2016.

- | | | |
|--------------------|-------------------|---------|
| ▶ Full-page Ads | 5.375" W x 9" H | \$1,000 |
| ▶ Half-page Ads | 5.375" W x 4.5" H | \$500 |
| ▶ Quarter-page Ads | 2.5" W x 4.5" H | \$250 |
| ▶ Program Listing | Name listed | \$150 |

SOUTHWESTERN VERMONT HEALTH CARE

MISSION

SVHC exists to provide exceptional health care and comfort to the people we serve.

VISION

SVHC is recognized as a preeminent, rural, integrated health care system that provides exceptional, convenient, safe, and affordable care.

VALUES

Quality

Empathy

Safety

Teamwork

Stewardship



100 Hospital Drive | Bennington, VT 05201
foundation@svhealthcare.org | 802-447-5017
svhealthcare.org/harvestball

REPLY CARD

Company Name (as it should appear on signs/advertising):

Contact Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Sponsorship Opportunities:

_____ \$10,000 Title Sponsor

_____ \$5,000 Presenting Sponsor

_____ \$2,500 Lead Sponsor

_____ \$1,250 Supporting Sponsor

_____ \$500 Host Sponsor

Program Advertising Options:

_____ \$1,000 Full Page (5.375" W x 9" H)

_____ \$500 Half-Page (5.375" W x 4.5" H)

_____ \$250 Quarter-Page (2.5" W x 4.5" H)

_____ \$150 Program Listing

_____ We are unable to participate this year. Please accept our donation of \$_____.

Payment:

_____ Check enclosed for \$ _____, made payable to SVHC.

_____ Please send an invoice.

_____ Please charge my/our credit card:

___ Visa ___ MC ___ AMEX ___ Discover

Account #: _____

Expiration: _____

Name on card: _____

Signature: _____

Address associated with this card: _____

Please send your completed reservation form with payment to:

SVHC Foundation | 100 Hospital Drive | Bennington VT 05201 | foundation@svhealthcare.org