GATEWAY MEDICAL SOCIETY
FRIDAY NIGHT AT THE MUSEUM
AWARDS & SCHOLARSHIP FUNDRASING SPONSORSHIP OPPORTUNITIES
OCTOBER 23, 2026

PLEASE CONSIDER SPONSORING THE FUNDRAISER AT ONE OF THE FOLLOWING LEVELS:

- **PRESENTING SPONSOR - $25,000:** VIP seating for 30 guests, cover ad in the program book; verbal acknowledgement during the program. Sponsorship mentioned in all media releases and on all printed material. Opportunity for sponsor representatives to speak during the program.

- **PLATINUM SPONSOR -- $20,000:** VIP seating for 20 guests, cover ad in the program book; verbal acknowledgement during the program. Opportunity for sponsor representatives to speak during the program.

- **DIAMOND SPONSOR - $15,000:** Preferential seating for 15 guests, full page ad strategically placed in the program book; verbal acknowledgement during the program.

- **GOLD SPONSOR- $10,000:** Preferential seating for 10 guests, full page ad placed in program book; verbal acknowledgement during the program.

- **SILVER SPONSOR - $5,000:** Seating for 10 guests, half page ad placed in program book; acknowledgement on the sponsor page of the program book.

- **BRONZE SPONSOR - $2,500**: Seating for 10 guests, quarter page ad placed in program book; acknowledgement on the sponsor page of the program book.

- **TABLE SPONSOR -$2,000:** Seating 10 guests, acknowledgement on the sponsor page of the program book.

PROGRAM BOOK AD INOFRMATION

- Full Page $300 4 .5 X 7.5
- Half Page $150 4.5 X 2 ¾
- Quarter Page $75 2 ¼ X 2 ¾

Please forward camera ready ad to administration@gatewaymedicalsociety.org

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SPONSORSHIP /AD SUBMISSION FORM

NAME _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ **FAX** _____

E-MAIL _____

SPONSORSHIP LEVELS (PLEASE CHECK):

☐ **PRESENTING**	**$25,000**	☐ **PLATINUM**	**$20,000**	☐ **SILVER**	**$5,000**
☐ **DIAMOND**	**$15,000**	☐ **BRONZE**	**$2,500**	☐ **GOLD**	**$10,000**
☐ **TABLE**	**$2,000**				

☐ **CAMERA READY LOGO/ARTWORK ENCLOSED**

☐**Full Page $300**	☐**Half Page $150**	☐**Quarter Page $75**

☐ **ENCLOSED IS MY CHECK PAYABLE TO GATEWAY MEDICAL SOCIETY**

☐ **CHARGE MY CREDIT CARD (PLEASE CALL WITH CARD INFORMATION)**

☐ **PLEASE SEND AN INVOICE TO MY COMPANY AT THE ADDRESS ABOVE**

Please return form to: Administration@gatewaymedicalsociety.org