



## 2025 SPONSORSHIP OPPORTUNITIES

Dinner • Live Band • Dancing • Silent Auction  
 Thursday, September 25, 2025 • Shepherd's Run

*100% of Event Proceeds Support Wood River Health*

	Presenting	Over the Harvest Moon	Cornucopia	Earth's Bounty	Pumpkin Patch	Apple A Day
	\$10,000	\$7,500	\$5,000	\$2,500	\$1,500	\$500
Tickets to Event	Table of 10	Table of 8	6	4	4	2
Logo Placement (Pop Up Sign or Tablecloth) and Opportunity to Address Audience	X					
Acknowledged in CEO's Speech	X	X	X	X		
Listed in Press Release	X	X	X	X		
Program Ad	2 Full Page Two 5 x 8	1 Full Page 5 x 8	Half Page 5 x 3.625	Quarter Page 2.5 x 3.625	Program Listing	Program Listing
Event Signage and Looping Video	Premier Listing with Logo	Prominent Listing with Logo	Featured Listing with Logo	Large Listing with Logo	Medium Listing, No Logo	Small Listing, No Logo
Listed on WoodRiverHealth.org, in Newsletter (8,000+ Recipients) and via Social Media	Featured Listing with Logo & Link	Featured Listing with Logo & Link	Featured Listing with Logo & Link	Group Listing	Group Listing	Group Listing
Tax Deductible to Fullest Extent of the Law	X	X	X	X	X	X



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**THANK YOU FOR SUPPORTING OUR HARVEST FOR HEALTH GALA!**

PLEASE INDICATE YOUR DESIRED LEVEL OF SPONSORSHIP BY SELECTING A BOX.

- PRESENTING SPONSOR - \$10,000**
- OVER THE HARVEST MOON - \$7,500**
- CORNUCOPIA - \$5,000**
- EARTH'S BOUNTY - \$2,500**
- PUMPKIN PATCH - \$1,500**
- APPLE A DAY - \$500**

### **DONOR INFORMATION** *(Please Print or Type)*

CONTACT NAME/TITLE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **ACKNOWLEDGMENT INFORMATION** *(Please attach advertising information/logo, etc.)*

PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGMENTS:

\_\_\_\_\_

\_\_\_\_\_ I (WE) WISH TO HAVE OUR GIFT REMAIN ANONYMOUS.

**SIGNATURE(S)** \_\_\_\_\_

**DATE** \_\_\_\_\_

### **PAYMENT INFORMATION** *(Please Print or Type)*

CHECK ENCLOSED       BILL MY CREDIT CARD       MASTER CARD     VISA     DISCOVER

CARD NUMBER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make checks payable to: Wood River Health and mail to:  
Wood River Health, 823 Main Street, Hope Valley, RI 02832**

**Kindly email press-ready ads by 08/01/25 to  
Sarah Channing at [SChanning@WoodRiverHealth.org](mailto:SChanning@WoodRiverHealth.org).**