

HONORHEALTH®

Foundation



Women Physicians Leadership Council

Women Physician's Leadership Council
Reception & Dinner
Friday, April 12, 2024
Sponsorship Opportunities

Women Physician's Leadership Council Mission Statement: Increase gender equality for women physicians, who are affiliated with HonorHealth, by removing barriers and providing greater access to professional development and leadership opportunities.

Presenting - \$20,000

- Premier seating for one table of ten
- Sponsor Logo recognition during event
- Sponsor logo on recognition for twelve months on the WPLC event website
- Recognition in HonorHealth Foundation's donor recognition publications

Champion - \$10,000

- Premier seating for one table of ten
- Sponsor Logo recognition during event
- Sponsor logo on recognition for six months on the WPLC event website
- Recognition in HonorHealth Foundation's donor recognition publications

Believe - \$7,5000

- Seating for one table of ten
- Sponsor logo recognition during the event
- Sponsor logo on recognition for three months on the WPLC event website
- Recognition in HonorHealth Foundation's donor recognition publications

Dream - \$5,000

- Seating for one table of ten
- Sponsor logo recognition during the event
- Recognition in HonorHealth Foundation's donor recognition publications

Individual Ticket

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Women Physicians Leadership Council

- \$200.00 per person

*For additional information or to discuss sponsorship levels, please contact
Stephanie Mahrer, Vice President Events & Corporate Fundraising
smahrer@honorhealth.com | 480-587-5014*

Women Physician’s Leadership Council
Friday, April 12, 2024
Sponsorship Commitment Form

Company/Donor Name: _____

Main contact Name: _____

Mailing address: _____

City _____ State _____ ZIP _____

Business phone: _____ Email: _____

I wish to support WPLC at the level indicated below:

SPONSORSHIP OPPORTUNITIES

- | | | | |
|-------------------------------------|----------|-------------------------------------|----------|
| <input type="checkbox"/> Presenting | \$20,000 | <input type="checkbox"/> Dream | \$5,000 |
| <input type="checkbox"/> Champion | \$10,000 | <input type="checkbox"/> Individual | \$200.00 |
| <input type="checkbox"/> Believe | \$7,500 | | |

- I/we would like to sponsor a Resident to attend the evening.
_____ # of Residents at \$200.00 per Resident
- I/we are unable to attend. Please accept this donation in the amount of \$_____

PAYMENT OPTIONS:

- Credit Card payments/register online www.HonorHealthFoundation.org/WPLCDINNER
- Please invoice me
- Wire Transfer (ACH) (please ask for transmittal instructions)
- Check Enclosed (Make check payable to HonorHealth Foundation
Attention: WPLC-April Dinner)

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The amount of your contribution that is deductible to the full extent of the law is limited to the excess of your contribution over the value of the goods and services promised you.

Goods and services for sponsorships is \$110.00 per person.

By signing below, you authorize the payment or charge(s) and agree to fulfill the terms of this HonorHealth Foundation sponsorship commitment.

Signature _____

Date _____

THANK YOU