



CENTENNIAL GALA

"100 YEARS OF SAVING LIVES"

We look forward to celebrating with you.

Please complete and send this reply by August 31, 2010.

Contact Name: _____

Company Name: _____

Phone: _____

E-mail: _____

Address: _____

Tickets:

- ___ Tickets at \$125 for one or \$225 for two
Tickets include dinner, show and a commemorative book
- ___ Table(s) of 10 at \$1,125

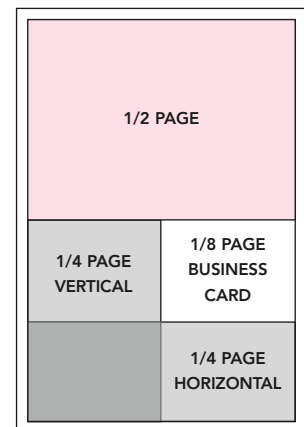
Sponsorship:

- ___ **Swing Sponsor, \$25,000:** 10 tickets, full page program ad, logo placement in signage, logo placement on the podium during Gala, newsletter recognition, listing on www.CHSB.org, publicity in all media and printed material
- ___ **Lindy Hop Sponsor, \$10,000:** 8 tickets, half page program ad, logo placement in signage, newsletter recognition, listing on www.CHSB.org, publicity in all media and printed material
- ___ **Fox Trot Sponsor, \$5,000:** 8 tickets, 1/4 page program ad, recognition in signage, newsletter recognition, listing on www.CHSB.org
- ___ **Wine Sponsor \$ 2,500** (one available): 6 tickets, business card program ad, newsletter recognition, listing on www.CHSB.org
- ___ **West Coast Sponsor \$ 2,500:** 6 tickets, business card program ad, newsletter recognition, listing on www.CHSB.org
- ___ **"Pink Lady" Sponsor \$ 1,000:** 4 tickets, listing in the program, newsletter recognition
- ___ **Time-Capsule Sponsor, \$1,000** (two available):
4 tickets, program listing, newsletter recognition
- ___ **Friends of CHSB, \$500:** 2 tickets, program listing
- ___ **Sponsor a different amount:** _____

Advertisements:

To advertise in the printed playbill that will be distributed to all guests and placed in the centennial time capsule, please select below:

- ___ **Full Page, \$2,500** (size: 6" wide x 9" high trim size, plus 1/8" bleed)
- ___ **Half Page, \$1,500** (size: 5.25" wide x 4" high no bleed)
- ___ **1/4 Page Horizontal or Vertical, \$750**
 - ___ Horizontal (size: 5.25" wide x 2" high no bleed)
 - ___ Vertical (size: 2.5" wide x 4" high no bleed)
- ___ **1/8 Page business card, \$500** (size: "2.5" wide x 2" high)



Please send your logo and message to Erin Brinker at gala@erinbrinker.com.
Print ready PDF art is also accepted. For more information, please call (951) 323-9337.

Please provide attendee names and menu selections on next page.



Community Hospital of San Bernardino

A member of CHW

Attendee Names and Menu Selections:

Thank you for joining in the celebration! Please provide the full names of all guests in your party below along with their menu selections. Please print clearly to ensure accuracy of the guest list.

Centennial Gala Dinner Menu

Main Entrée

Beef Wellington

Filet mignon baked with a savory puffed pastry served in a reduction sauce

or Vegetarian Entrée

Portabella Mushroom Wellington

Portabella mushroom baked with a savory puffed pastry served in a vegetarian reduction sauce

Please indicate below if a vegetarian selection is requested.

Menu Choices
(Check One)
Beef | Veg.

Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		

Payment by Mail

Please complete this form and mail it, along with a check in the total amount of your selections, payable to: **Community Hospital of San Bernardino Foundation**. **Payment is required to reserve seating.**

Community Hospital of San Bernardino Foundation
1805 Medical Center Drive
San Bernardino, CA 92411

Payment by Credit Card

Please complete and **fax** this form to **(909) 494-7719**, e-mail it to gala@erinbrinker.com or call (951) 323-9337.

CHECK VISA MASTERCARD AMEX Account # _____

Name on Credit Card _____ Amount: \$ _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Exp. Date ____/____/____

Thank you for your contribution.