

Harvest Moon Barn Dance

Pledge Card

SATURDAY, OCT. 2, 2010

WESTRIDGE FARMS – RIVER FALLS, WI



HARVEST MOON BARN DANCE
River Falls Area Hospital Foundation

SPONSORSHIP LEVELS

PRESENTING SPONSOR \$10,000

- All the benefits of a platinum level sponsor plus:
- 16 complimentary tickets to event
- Logo prominently featured in all promotional materials
- Opportunity to display your business' banner on stage
- Opportunity to speak at VIP cocktail hour
- Opportunity to draw for raffle prizes
- Opportunity for a promotional booth or table at event
- Link to your website from foundation website
- Additional benefits negotiable

PLATINUM SPONSOR \$2,500-\$9,999

- All the benefits of a gold level sponsor plus:
- 8 complimentary tickets to Barn Dance
- Verbal recognition at the event from the band
- Logo on volunteer t-shirt
- Plaque to display at business
- Logo on event program and invitation

GOLD SPONSOR \$1,000-\$2,499

- All the benefits of a silver level sponsor plus:
- 4 complimentary tickets to the Barn Dance
- Invitation to VIP cocktail hour
- Certificate to display at business

SILVER SPONSOR \$500-\$999

- All the benefits of a Bronze level sponsor plus:
- 2 complimentary tickets to the Barn Dance

BRONZE SPONSOR \$250-\$499

- Recognition on event program and website
- Acknowledged on signage at event

Proceeds from this year's event will be used to expand access to cancer care services at River Falls Area Hospital and throughout the communities we serve.

riverfallsareahospital.com/rfahfoundation

PLEASE PRINT:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

SPONSORSHIP LEVEL

\$10,000 \$2,500 \$1,000 \$500 \$250

Other: _____

Individual Tickets: _____ Tickets @ \$30 each (\$20 is tax deductible)

Ticket Bundle: \$250 for 10 tickets (\$150 is tax deductible)

NEW THIS YEAR: Ticket price includes both dinner and dance!

All donors of \$100 and more (not including event tickets) will be recognized in the event program.

PAYMENT OPTIONS

Pledged, to be paid by Friday, Oct. 1

Check enclosed (Make checks payable to River Falls Area Hospital Foundation)

Credit card: Visa Mastercard

Card number _____ Expiration date _____

Signature _____ Date _____

MAIL TO:

River Falls Area Hospital Foundation
1629 East Division Street
River Falls, WI 54022
715-426-4503



RIVER FALLS
AREA HOSPITAL
Allina Hospitals & Clinics

River Falls Area
Hospital Foundation