

2008 NEONI Gala Sponsor Commitment Form

Please check your preferred package:

- | | | | |
|--------------------------|----------------|---------|--------------------------|
| <input type="checkbox"/> | Gold Sponsor | \$7,500 | (\$6,500 tax deductible) |
| <input type="checkbox"/> | Silver Sponsor | \$5,000 | (\$4,000 tax deductible) |
| <input type="checkbox"/> | Bronze Sponsor | \$3,500 | (\$2,900 tax deductible) |

We cannot participate as a sponsor, but would like to reserve _____ tickets this year:

- | | | | |
|--------------------------|-------------------------|-------------------|------------------------|
| <input type="checkbox"/> | VIP tickets | \$ 250 per person | (\$150 tax deductible) |
| <input type="checkbox"/> | Individual tickets | \$ 100 per person | (\$40 tax deductible) |
| <input type="checkbox"/> | Nursing Student tickets | \$ 80 per person | (\$20 tax deductible) |

Company/Organization: _____

Contact Name: _____

Mailing address: _____

phone _____ **email** _____

Name of organization as it should appear on event materials:

Please make check payable to **The Center for Health Affairs** and send to:

Lisa Anderson, MSN, RN
The Center for Health Affairs
1226 Huron Road East
Cleveland OH 44115

- we prefer that you send us an invoice**
please return this form to Lisa Anderson via fax (216.696.1837) or email (lisa.anderson@chanet.org)