



The 2015 Golden Thread Gala
 Tuesday, October 27, 2015 at 6:15PM
 WGBH Studios, Boston
 Honorees: Dr. Mardge Cohen
 Judith Hannan
 The Cambridge Health Alliance

I would like to support at the following level:

SPONSORSHIPS AND TICKETS:

- ☐ **HONORARY CHAIR at \$50,000 +:** Includes premier placement for two tables of ten; a cover-position journal ad; recognition including company logo in Gala printed materials, on-screen presentation, and Gala webpage; special mention from the podium; named program sponsor of *five Humanism Research Institute "Mapping the Landscape Initiative" Grants*; designation as a *member of the President and Board Chair Golden Circle*.
- ☐ **HONORARY VICE CHAIR at \$35,000 +:** Includes premium placement for a table of twelve; a Ruby centerfold journal ad; recognition in Gala printed materials, on-screen presentation, and Gala webpage; special mention from the podium; named program sponsor of *twenty nursing school White Coat Ceremonies in 2016*; designation as a *member of the President and Board Chair Golden Circle*.
- ☐ **HONORARY VICE CHAIR at \$25,000 +:** Includes premium placement for a table of twelve; an Emerald full-page journal ad; recognition in Gala printed materials, on-screen presentation, and Gala webpage; special mention from the podium; named program sponsor of *five Student Summer Fellowships in 2016*; designation as a *member of the President and Board Chair Golden Circle*.
- ☐ **GUARDIAN at \$15,000:** Includes prominent placement for a table of ten; a Gold full-page journal ad; recognition in Gala printed materials, on-screen presentation, and from the podium; named program sponsor of *three Student Summer Fellowships in 2016*; designation as a *member of the President's Leadership Cabinet*.
- ☐ **PATRON at \$10,000:** Includes preferred placement for a table of ten; a Silver full-page journal ad; recognition in Gala printed materials and on-screen presentation; named program sponsor of *two Student Summer Fellowships in 2016*; designation as a *member of the President's Leadership Cabinet*.
- ☐ **BENEFACTOR at \$5,000:** Includes four preferred tickets; a Bronze full-page journal ad; recognition in Gala printed materials and on-screen presentation; designation as a *member of the President's Leadership Cabinet*.
- ☐ **CHAMPION at \$2,500:** Includes two preferred tickets; a full-page journal ad; recognition in Gala printed materials and on-screen presentation.
- ☐ **SPONSOR TICKET(S) at \$1,000 EACH:** Includes one preferred ticket; a half-page journal ad; recognition in Gala printed materials and on-screen presentation.
- ☐ **FRIEND TICKET(S) at \$300 EACH:** Includes one ticket; recognition in Gala printed materials and on-screen presentation.

TRIBUTE JOURNAL ADVERTISEMENTS

A message in the Tribute Journal is a meaningful way to honor or memorialize a healthcare practitioner or loved one!

Journal ad deadline is Friday, October 9th. Full-page ads are vertical 8.125" x 5.125"; half-page ads are horizontal 4" x 5.125"; quarter-page ads are vertical 4" x 2.5". All ads print in black & white and may be prepared from your written copy; camera-ready black and white (non-bleed) artwork; or high resolution print-ready PDF files with all images and fonts embedded.

Email to kerry@gold-foundation.org.

☐ **GOLD FULL-PAGE AD AT \$10,000**

☐ **FULL-PAGE AD AT \$2,500**

☐ **QUARTER-PAGE AD AT \$500**

☐ **SILVER FULL-PAGE AD AT \$5,000**

☐ **HALF-PAGE AD AT \$1,000**

- ☐ I wish to make a fully tax-deductible contribution of \$_____ in support of Gold Foundation programs and more humanistic healthcare experiences for patients and practitioners.

****All funds raised will be designated to support programs in Massachusetts and New England.****

CONTACT INFORMATION:

NAME _____ I would like to be listed in printed materials by: ☐ Name -OR- ☐ Company
 (Please print exactly as you wish to appear in printed materials.)

CORPORATION/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____ FAX _____

PAYMENT DETAILS:

- ☐ Enclosed is a check for \$_____ made payable to *The Arnold P. Gold Foundation*.
- ☐ Please charge a total of \$_____ to my: ☐ VISA ☐ MasterCard ☐ AMEX

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____ NAME ON CARD _____

For further information please contact Kerry Ford at 201.735.8722 or kerry@gold-foundation.org. Please mail response forms and checks to: The Arnold P. Gold Foundation, 619 E. Palisade Avenue, Englewood Cliffs, NJ 07632 or fax forms to: 201.567.7880. Contributions are fully tax-deductible to the extent allowed by law. The non-tax-deductible portion of each ticket is \$200. The Arnold P. Gold Foundation is a registered not-for-profit organization under section 501(c)(3) of the IRS code. Federal Tax ID # is 22-3052098.