



# HEALTHALLIANCE Vampire Ball

**Friday, October 25, 2019**

**6 p.m.**

Saugerties Performing Arts Factory  
169 Ulster Avenue, Saugerties, NY 12477

Presented by **Robert Tonner Design**

## SUPPORT HEALTHALLIANCE AS A SPONSOR!

**DRACULA Sponsor \$2,500**

- Admission for **eight**
- Recognition as a premier sponsor

**FRANKENSTEIN Sponsor \$1,500**

- Admission for **six**
- Recognition as a premier sponsor

**WOLFMAN Sponsor \$1,000**

- Admission for **four**
- Name/logo on promotional materials and event signage

**MUMMY Sponsor \$500**

- Admission for **two**
- Name/logo on promotional materials and event signage

**TOMBSTONE Sponsor \$250**

- Admission for **one**
- Name/logo on promotional materials and event signage

### *Exclusive Underwriting Opportunities*

**BAR Underwriter \$2,500**

- Name/logo prominently displayed at the bar
- Event recognition

**ENTERTAINMENT Underwriter \$1,000**

- Name/logo prominently displayed near the DJ
- Event recognition

**PHOTO BOOTH Underwriter \$750**

- Name/logo prominently displayed on the photo booth and on photos
- Event recognition

**DESSERT Underwriter \$500**

- Name/logo prominently displayed during dessert
- Event recognition

### *Additional Underwriting Opportunities Available*

**\$95 Per Guest**

**RSVP by  
October 11, 2019**



**HealthAlliance**

Westchester Medical Center Health Network

**REGISTER TO SUPPORT AND ATTEND!**

Contact Name		
Company		
Address		
City	State	Zip
Email	Phone	

**SPONSOR LEVEL** *(Select one)*

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> Dracula<br>\$2,500 | <input type="checkbox"/> Frankenstein<br>\$1,500 | <input type="checkbox"/> Wolfman<br>\$1,000 | <input type="checkbox"/> Mummy<br>\$500 | <input type="checkbox"/> Tombstone<br>\$250 |
|---|--|---|---|---|

**UNDERWRITER LEVEL** *(Select one)*

- |   |   |   |   |          |
|---|---|---|---|----------|
| <input type="checkbox"/> Bar<br>\$2,500 | <input type="checkbox"/> Entertainment<br>\$1,000 | <input type="checkbox"/> Photo Booth<br>\$750 | <input type="checkbox"/> Dessert<br>\$500 | \$ _____ |
|---|---|---|---|----------|

Number of guests \_\_\_\_\_ x \$95 \$ \_\_\_\_\_

I / we are unable to attend, but will make a contribution. \$ \_\_\_\_\_

**RSVP by  
October 11, 2019**

**PAYMENT**

- Check Enclosed** (Please make checks payable to **HealthAlliance Foundation.**)
- Charge My Credit Card**

Credit Card Number		
Cardholder's Name		
Expiration Date	Security Code	Billing Zip Code
Authorized Signature		Date

**TOTAL \$** \_\_\_\_\_

**Please send this form and payment to:**

**HealthAlliance Foundation**  
 Attn: Vampire Ball  
 105 Mary's Avenue  
 Kingston, NY 12401  
 845.334.3160



**HealthAlliance**

Westchester Medical Center Health Network

**WMCHealth Network Corporate Sponsors**

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