



To Benefit
**PECONIC BAY
 MEDICAL CENTER**
 Westhampton Country Club

SPONSORSHIP OPPORTUNITIES

- LEAD SPONSORS** **\$100,000**
 One table of 10 with premier seating | Special acknowledgment during event program | Listing as a lead sponsor on event invitation (If received by July 11) | Listing as a lead sponsor on all event materials
- PREMIER SPONSORS** **\$75,000**
 One table of 10 with premier seating | Special acknowledgment during event program | Listing as a premier sponsor on event invitation (If received by July 11) | Listing as a premier sponsor on all event materials
- EVENT SPONSORS** **\$50,000**
 One table of 10 with prominent seating | Special acknowledgment during event program | Listing as a event sponsor on event invitation (If received by July 11) | Listing as an event sponsor on all event materials
- PLATINUM SPONSORS** **\$25,000**
 Eight event tickets | Listing as platinum sponsor on event invitation (If received by July 11) | Listing as platinum sponsor on all event material
- GOLD SPONSORS** **\$10,000**
 Six event tickets | Listing as gold sponsor on event invitation (If received by July 11) | Listing as gold sponsor on all event material
- SILVER SPONSORS** **\$5,000**
 Four event tickets | Listing as silver sponsor on event invitation (If received by July 11) | Listing as silver sponsor on all event materials
- BRONZE SPONSORS** **\$2,500**
 Two event tickets | Listing as bronze sponsor on event invitation (If received by July 11) | Listing as bronze sponsor on all event materials
- TICKETS** **\$500**
 Includes dinner, dancing and our famous silent auction



Peconic Bay Medical Center's Gala | Friday, September 5, 2025

Name _____ Company _____

Listing to read _____

Street Address _____ City/St/Zip _____

Daytime Phone _____ Fax _____ Email _____

Please reserve my sponsorship for \$ _____.

Enclosed is my check for \$ _____. Kindly make checks payable to: **PBMC Foundation**.

You may also pay by credit card by indicating the following: MC Visa AmEx

Cardholder Number _____ Exp. Date _____ Sec. Code _____



Should you have any questions, please call the Foundation Office at 631.548.6080. Please mail this form to PBMC Foundation, 1 Heroes Way, Riverhead, NY 11901 or fax it to 631.548.6048.