



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 12, 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.