



"Gathering of Hearts Gala"

SATURDAY, FEBRUARY 25TH, 2017 AT 6:30 PM
THE CORAL GABLES COUNTRY CLUB
997 N. GREENWAY DRIVE
CORAL GABLES, FLORIDA 33134

LOVING HEART SPONSORSHIP

Includes: Two tables of ten seats, logo/name on invitation*, logo recognition on step & repeat, logo on all email blasts, social media presence, live mention throughout the event, logo on website for 1 year, premium full page color advertisement in program.

\$10,000

GIVING HEART SPONSORSHIP

Includes: One table of ten seats, logo/name on invitation*, logo recognition on step & repeat, logo on all email blasts, social media presence, logo on website for 1 year, full page color advertisement in program.

\$5,000

GRATEFUL HEART SPONSORSHIP

Includes: One table of ten seats, logo/name on invitation*, logo on website for 1 year, half page color advertisement in program.

\$2,500

CARING HEART SPONSORSHIP

Includes: One table of ten seats, logo/name on invitation*, quarter page color advertisement in program.

\$1,500

INDIVIDUAL TICKETS

\$150

If unable to personally attend but would like to make a donation, please feel free to contact us.

305.667.9112
info@demoyafoundation.com
www.demoyafoundation.com

**Logo/name on invitation must be supplied by January 16th.*



"Gathering of Hearts Gala"

SPONSORSHIP FORM

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I would like to support the Gathering of Hearts Gala as follows:

- | | |
|---|--|
| <input type="checkbox"/> Loving Heart: \$10,000 | <input type="checkbox"/> Grateful Heart: \$2,500 |
| <input type="checkbox"/> Giving Heart: \$5,000 | <input type="checkbox"/> Caring Heart: \$1,500 |

Individual Tickets: \$150 each

I would like to attend the event: No. of Tickets: _____ x \$150 = Total Amount Due: \$ _____

Logo/Name for invitation must be supplied in High Resolution PDF by January 16th.

Program Ads are due by February 1st, 2017.

Method of Payment:

Check payable to The de Moya Foundation mailed to 95 Merrick Way, 3rd Floor, Coral Gables, FL 33134
or credit card: () Visa () Master Card () American Express

Card#: _____ CVV: _____

Expires: ____/____/____ Zip: _____

Signature: _____ Date: _____

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