

A Night with Nemours...at Home

Saturday, October 3, 2020



A Night with Nemours...at Home

You are invited to join us on Saturday, October 3, 2020, for *A Night with Nemours...at Home*. Due to the uncertainty surrounding COVID-19 and our concern for the welfare of our community, our annual event will be going virtual! We invite you to join us from the comfort and safety of your home while we honor our healthcare heroes; from the front-line associates who work tirelessly to keep the patients and families at Nemours safe, to those families receiving care at our hospital, and you – the community member who continues to support our efforts through your generous giving, in-kind support and personal actions to keep all of our families safe.

Our virtual event will be an interactive and engaging experience that will bring the Nemours mission and gala excitement into your home. We are genuinely excited to see the impact we can make together for our patients and families when pairing traditional Nemours gala elements with the unlimited reach that only a virtual venue can provide.

- **What:** *A Night with Nemours...at Home*
- **Where:** In the comfort and safety of your home
- **When:** Saturday, October 3, 2020 | 6 p.m. – 8 p.m.
- **Learn more:** www.nemours.org/nchgala

How you can help

- Sponsorships, ranging from \$2,500 – \$25,000



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Sponsorship Opportunities

		Presenting \$25,000	Diamond \$12,500	Gold \$10,000	Silver \$5,000	Bronze \$2,500
Logo recognition on invitation mailed and emailed to 1,500+ businesses and households (if confirmed by July 31, 2020)		✓				
Purchase and/or earned space in Central Florida online and print publications		✓	✓	✓	✓	✓
Recognition on event website www.nemours.org/nchgala		Logo & link	Logo & link	Logo & link	Logo & link	Name only
Ongoing mentions in Nemours print and electronic newsletter pre and post event		✓	✓	✓	✓	✓
Acknowledgement during event		✓	✓	✓	✓	✓
Invitation to attend and present check at Nemours Florida Board of Managers meeting		✓				
Virtual recognition during the event		✓	✓	✓	✓	✓
Social Media	Facebook	Individual Story, Post and Video+	Individual Story and Post	Individual Story** and Post	Individual Story**	Individual Story**
	Instagram	Individual Story, Post and Video+	Individual Story and Post	Individual Story** and Post	Individual Story**	Individual Story**
	Twitter	Individual Post and Video+	Individual Post	Individual Post***	Individual Post***	
	LinkedIn	Individual Post				
Participation in Nemours' "I give because..." promotional messaging*		✓	✓	✓	✓	✓
Tax-deductible value		TBD	TBD	TBD	TBD	TBD

* level of participation depends on sponsorship level

** lives for 24 Hours

*** lives on @ Nemours Twitter profile forever

+ 30-second sponsor provided video about their support for Nemours

A Night with Nemours...at Home GALA SUPPORTERS

Thank you for supporting *A Night with Nemours...at Home*. Your sponsorship not only provides great exposure and benefit for your company, but it also ensures that children and families in our community have access to exceptional pediatric specialty care.

Click here to complete your form & payment online via our secure website

☐ We are unable to attend or sponsor this event, but wish to contribute \$ _____

☐ I am pleased to support the event as follows:

- | | |
|---|--|
| <input type="checkbox"/> \$25,000 Presenting Sponsor | <input type="checkbox"/> \$5,000 Silver Sponsor |
| <input type="checkbox"/> \$12,500 Diamond Sponsor | <input type="checkbox"/> \$2,500 Bronze Sponsor |
| <input type="checkbox"/> \$10,000 Gold Sponsor | |

CORPORATE SPONSOR RESERVATION

Company Name (as you would like to be recognized:) _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

INDIVIDUAL SPONSOR RESERVATION

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT OPTIONS

- | | | |
|---|----------|---|
| <input type="checkbox"/> Invoice my company | \$ _____ | |
| <input type="checkbox"/> Check (payable to Nemours) | \$ _____ | |
| <input type="checkbox"/> Credit Card | \$ _____ | <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover |

Name (as it appears on card): _____

Address (associated with card): _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____ Security code: _____

Cardholder Signature: _____ Date: _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) 435-7352 WITHIN THE STATE OR VIA THE INTERNET AT WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Our Registration number in the State of Florida is CH19215. Registration disclosures for other states can be found [here](#).



**Please mail reservation
forms and payments to:**

Nemours Fund for
Children's Health
c/o Lauren Nelson
6900 Tavistock Lakes Blvd.
Suite 350
Orlando, FL 32827

**CLICK HERE TO SEND
COMPLETED FORM TO**
Lauren.Nelson@nemours.org

For more information, please contact Lauren Nelson
(407) 650-7467 | Lauren.Nelson@nemours.org | nemours.org/nch gala

Nemours

Fund for
Children's Health