

OVERLAKE MEDICAL CENTER & CLINICS

BANDAGE
Ball

MAY 10, 2025

We Grow Together

SPONSORSHIP OPPORTUNITIES

2025 SPONSORSHIP OPPORTUNITIES

BENEFIT	\$25,000 PREMIER	\$15,000 DIAMOND	\$10,000 GOLD	\$5,000 SILVER	\$3,000 BRONZE
Invitation to CORPORATE / DONOR APPRECIATION RECEPTION with leadership	★	◆	■	●	⬇️
Access to customized BEHIND-THE-SCENES HOSPITAL TOURS	★	◆	■	●	⬇️
Recognition in Overlake's ANNUAL REPORT (print and online)	★	◆	■	●	⬇️
Recognition on OVERLAKE'S ONSITE CORPORATE DONOR WALL	★	◆	■	●	⬇️
SEATS AT EVENT	10 Seats, Premium Table	8 Seats, Premium Table	6 Seats	4 Seats	2 Seats
Recognition in EVENT CATALOG	Full Page, Full Color Ad & Logo	Full Page Ad & Logo	Half Page Ad & Logo	Name	Name
LOGO ONSCREEN during event	★	◆	■	●	
Recognition on EVENT WEBSITE with hyperlink	Logo	Logo	Logo	Name	
Logo in all DIGITAL COMMUNICATIONS	★	◆	■		
Logo on PRINT & DIGITAL INVITATIONS	★	◆	■		
Logo on ONLINE AUCTION PLATFORM	★	◆	■		
Dedicated SOCIAL MEDIA POST(S)	2	1			
Logo in Foundation's SUMMER 2025 NEWSLETTER	★	◆			
VERBAL RECOGNITION from stage	★	◆			
COMPLIMENTARY VALET PARKING for all guests	★	◆			
Logo on EVENT SIGNAGE	★				
Logo in EVENT MEDIA ADVERTISING	★				
ONE HOTEL ROOM on event night	★				

UNDERWRITING SPONSOR

Help make the gala a night to remember, by funding the cost of various components of the evening. Benefits based on package. Options include:

- Auction Package
- After-Party
- Evening's Wine

GROW WITH US!

Your sponsorship plays a critical role in the success of this event and helps ensure that every dollar raised directly supports innovative, world-class healthcare for your employees and customers on the Eastside.
We all grow together.

OVERLAKE MEDICAL CENTER & CLINICS

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COMPANY NAME (as you would like to appear in event materials)

EVENT CONTACT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

CREDIT CARD NUMBER

EXP. DATE

NAME ON CARD

SIGNATURE

SPONSORSHIP LEVELS

- PREMIER | \$25,000
- DIAMOND | \$15,000
- GOLD | \$10,000
- SILVER | \$5,000
- BRONZE | \$3,000

We are unable to participate as a sponsor, but would like to make a contribution in the amount of:

\$

PAYMENT METHOD

- Invoice us, please.
- Check enclosed, payable to Overlake Medical Center Foundation.
- Credit card (see left).

Please return your completed sponsorship form to:

OVERLAKE | FOUNDATION

OVERLAKE MEDICAL CENTER & CLINICS
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Bellevue, Washington 98004

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E: events@overlakehospital.org

bandageball.org

THANK
You