



Annual Autumn Auction  
Friday, October 5, 2012  
Clarion Hotel & Conference Center

### Sponsorship Opportunities

In addition to listed benefits below, each level of sponsorship will receive: UMMC Auction website/link recognition, company name listed in "Thank-you" advertisement, acknowledgement in UMMC Foundation publications, invitation to annual donor recognition event and breakfast with hospital president.

**Live Auction Sponsor - \$750.00 Number of Sponsorship packages remaining: 1**

- 10 complimentary tickets
- Full-page Color ad in event guide
- Exclusive sponsor of the evenings "Live Auction"
- Banner displayed at event

**Silent Auction Sponsor- \$500.00 Number of Sponsorship packages remaining: 1**

- 4 complimentary tickets
- Full-page ad in event guide
- Sponsor of the evening's "Silent Auction"
- Banner displayed at event

**Dessert Dash Sponsor - \$500.00 Number of Sponsorship packages remaining: 1**

- 4 complimentary tickets
- Full-page ad in event guide
- Sponsor of the evening's "Dessert Dash"
- Banner displayed at event

**Duck Pluck Sponsor - \$500.00 Number of Sponsorship packages remaining: 1**

- 4 complimentary tickets
- Full-page ad in event guide
- Sponsor of the evening's "Duck Pluck"
- Banner displayed at event

**Registration/Check-Out Sponsor - \$500.00 Number of Sponsorship packages remaining: 1**

- 4 complimentary tickets
- Full-page ad in event guide
- Sponsor of the evening's "Registration/Checkout"
- Banner displayed at event

**Gold Sponsor - \$300**

- 2 complimentary tickets
- Half-page ad in event guide

**Silver Sponsor - \$200**

- 2 complimentary tickets
- Half-page ad in event guide

**Bronze Sponsor - \$100**

- Company name listing in event guide

UMMC Foundation Presents  
“Annual Autumn Auction”

Friday October 5, 2012  
Clarion Hotel

**Sponsorship Reservation Form**

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Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Sponsorship Type:** \_\_\_\_\_

**Sponsorship Level \$** \_\_\_\_\_

Signature of Acceptance \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment:**

Invoice

Check (payable to United Memorial Medical Center Foundation)

Credit Card: Please charge credit card:  Visa  Mastercard  AMEX  Discover

Credit Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please Return Via Mail or Fax 595-344-5304**

United Memorial Medical Center Foundation  
127 North Street, Batavia, NY 14020 \* (585) 344-5300 \* FAX (585) 344-5304

[www.ummcc.org](http://www.ummcc.org)