

Pillars of Excellence Luncheon

benefiting

Legacy Meridian Park Patient Care Expansion Project

Thursday, May 25, 2017 • Tualatin Country Club • 11:30 a.m. – 1 p.m.

Because local matters



Legacy Meridian Park Medical Center offers specialized services and expertise often found in larger medical centers. Residents of the Southwest Portland metropolitan area rely on us for emergency care, critical care and hospital care, as well as other specialized health services.

While many of our services are state-of-the-art, the hospital is over 40-years-old and we anticipate that in the very near future, due to the dramatic pace of growth in our local community, we will not have the capacity to serve everyone from our area who needs us.

As your local hospital, we want to accommodate and provide the best possible service to you, your family and neighbors. To ensure that your community continues to receive world class care near where you live and work, Legacy Meridian Park is embarking on an extensive expansion project. Our vision is to create a welcoming, healing environment that offers exceptional health care with the latest technology and best medical practices.

With your support, we plan to break ground on an expanded medical center by summer 2017. Patients will benefit from surroundings planned specifically to put their safety and comfort first, while incorporating the latest in design and technology.

For additional information, contact Jan Renfro, associate director of development, at 503-692-7624 or jrenfro@lhs.org, or Michael Schultz, executive director, at 503-413-7384 or mischultz@lhs.org.

SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR

\$10,000 (ONE AVAILABLE)

- Event promoted as <company name> presents the Pillars of Excellence Luncheon for Meridian Park Medical Foundation
- Logo included in event invitation, program and event signage
- Verbal recognition from podium during the event
- Opportunity to host program speaker at your table
- Opportunity to introduce program speaker on stage
- Company name recognition in annual thank-you advertisement in a significant, local publication
- Two reserved tables of 10 at the event with premier seating
- Invitation to annual donor recognition event
- Tax-deductible value: \$9,310

LEADERSHIP SPONSOR

\$5,000

- Logo included in event invitation, program and event signage
- Verbal recognition from podium during the event
- Opportunity to host Legacy Health leader at your table
- Company name recognition in annual thank-you advertisement in a significant, local publication
- One reserved table of 10 at the event with premier seating
- Invitation to annual donor recognition event
- Tax-deductible value: \$4,610

FRIENDSHIP SPONSOR

\$2,500

- Name listed in the event invitation, program and event signage
- Verbal recognition from podium during the event
- Company name recognition in annual thank-you advertisement in a significant, local publication
- One reserved table of 10 at the event
- Invitation to annual donor recognition event
- Tax-deductible value: \$2,110

PATRON SPONSOR

\$1,500

- Name listed in the event program and event signage
- Company name recognition in annual thank-you advertisement in a significant, local publication
- One reserved table of 10 at the event
- Invitation to annual donor recognition event
- Tax-deductible value: \$1,110

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PILLARS OF EXCELLENCE LUNCHEON
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Legacy Meridian Park Patient Care Expansion Project
2017 SPONSORSHIP CONFIRMATION

Yes, we would like to support *Meridian Park Medical Foundation's fundraiser* as a:

- | | |
|-----------------------------------|--------------------|
| <input type="checkbox"/> \$10,000 | Presenting Sponsor |
| <input type="checkbox"/> \$5,000 | Leadership Sponsor |
| <input type="checkbox"/> \$2,500 | Friendship Sponsor |
| <input type="checkbox"/> \$1,500 | Patron Sponsor |

We are unable to sponsor, but would like to support the event by making a 100 percent tax-deductible contribution of \$_____.

Please print sponsor's name as you would like it recognized publicly:

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Please return this form in the enclosed envelope, email it to Melissa Harteloo at mhartelo@lhs.org or fax it to 503-413-6465.

Sponsorships confirmed by **March 24, 2017 will be listed on the invitation and all others confirmed by **May 12, 2017** will be listed in the event materials.**

Payment information (*Due no later than 30 days from event*):

- Please bill me.
- Check made payable to **Meridian Park Medical Foundation (MPMF)** will be mailed by _____ (date).
- Please charge my Visa / MasterCard / American Express / Discover Card (circle one)
 - Corporate Card
 - Personal Card

Card number: _____ Exp.: _____

Signature _____

Thank you for supporting Meridian Park Medical Foundation. Tax ID # 93-0773410
P.O. Box 4484 – Portland, Oregon 97208 – Fax: 503-413-6447