

Sponsorship Opportunities



**4th Annual Naples Cardiovascular Summit
Philanthropy Luncheon
February 20, 2025
Naples, FL**



\$30,000 HEARTBEAT

- (10) VIP Guest Seating
- Prominent Name/Logo Placement on Marketing Collateral Materials
- On Screen Digital Logo
- Logo Placement on Event Website
- Company Brochure in Swag Bag
- Photo Opp with Speakers
- (4) Social Media Posts
- (4) Invitation to attend the Schulze Center Groundbreaking Ceremony

\$20,000 PULSE

- (10) VIP Guest Seating
- Prominent Name/Logo Placement on Marketing Collateral Material
- Logo Placement on Event Website
- Photo Opp with Speakers
- (2) Social Media Posts
- (2) Invitation to attend the Schulze Center Groundbreaking Ceremony

\$10,000 RYTHM

- (10) Preferred Guest Seating
- Name Listing on Program
- Name Placement on Event Website
- (2) Social Media Posts
- (2) Invitation to attend Schulze Center Groundbreaking Ceremony

\$5,000 OXYGEN

- (6) Preferred Guest Seating
- Name Listing on Program
- Name Placement on Event Website

\$1,000 ARTERY

- Preferred Guest Seating
- Name Listing on Program
- Name Placement on Event Website





SPONSORSHIP FORM

Corporate or Individual Sponsor Name: _____
(PLEASE PRINT THE NAME EXACTLY AS YOU WOULD LIKE IT LISTED IN THE PROGRAM)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (required): _____

Website: _____ Contact Person: _____

Signature: _____

Thank you for your generous support of the NCH Rooney Heart Institute

Please select your donation amount:

- | | |
|--|---|
| <input type="radio"/> Heartbeat - \$30,000 | <input type="radio"/> \$5,000 - Oxygen |
| <input type="radio"/> Pulse - \$20,000 | <input type="radio"/> \$1,000 - Artery |
| <input type="radio"/> Rhythm - \$10,000 | <input type="radio"/> Other Amount \$ _____ |

Payment Details:

Please charge this amount: \$ _____ Mastercard Visa AMEX Discover

Card Number: _____ Exp. Date _____

Name on Card: _____ Signature: _____

Please send an invoice to the above address Please send an invoice to the following:

Contact Person: _____ Company: _____

Address: _____ City, State, Zip Code: _____

NCH Center for Philanthropy

Attn: Monica Biondo

350 7th Street N.

Naples, FL. 34102

Monica.Biondo@NCHmd.org or (239) 624-2019

NCH D/B/A NCH CENTER FOR PHILANTHROPY IS A 501C(3) TAX EXEMPT ORGANIZATION, IRS SECTION 170(b)(2)(iii) FOR BOTH FEDERAL AND STATE TAX PURPOSES. FEDERAL TAX IDENTIFICATION NUMBER 59-2314655. A COPY OF OUR 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 ACCESSING THE WEBSITE AT WWW.800HELPFLA.COM (sc-01470). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. IN THE UNLIKELY EVENT THAT NCH HEALTHCARE SYSTEM, INC. (NCH) DETERMINES THAT IT IS NOT POSSIBLE OR IT IS NOT PRACTICAL TO USE YOUR GIFT, OR A PORTION THEREOF, FOR THE ORIGINAL INTENDED PURPOSE, NCH RESERVES THE RIGHT TO USE THE GIFT IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE.