



**THE**  
*gala*

**STEP INTO PARADISE**



Transport yourself to paradise and join us for THE Gala benefiting local cancer care in one healing place – St. Tammany Cancer Center – where nationally ranked leaders, St. Tammany Parish Hospital, Mary Bird Perkins Cancer Center and Ochsner, are fighting to beat cancer.

**THURSDAY, OCTOBER 3, 2019 // 7:30 PM**  
**THE SOUTHERN HOTEL**  
[thegalanorthshore.org](http://thegalanorthshore.org)

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**THE RISING TIDE** *Featured Sponsor*

**\$10,000**

- Exclusive sponsor of unique portion of the event
- 10 event tickets featuring early-admittance to THE Gala with special toast for high-level donors and “The Private Island Experience” VIP add-on for guests
- Exclusive sponsor gifts and champagne service
- Unique social media promotion opportunity
- Name/logo inclusion on invitation, signage, website, press releases, program and emails
- Opportunity to host Workplace Prevention Day

**THE OCEAN BREEZE** *Gold Sponsor*

**\$5,000**

- 6 event tickets featuring early-admittance to THE Gala with special toast for high-level donors
- Exclusive sponsor gift
- Name/logo inclusion on event invitation, signage, website, program and promotional emails

**THE CORAL REEF** *Silver Sponsor*

**\$2,500**

- 4 event tickets
- Sponsor Gift
- Name/logo inclusion on signage and program

**THE HIDDEN COVE** *Friend of St. Tammany Cancer Center*

**\$1,000**

- 2 event tickets
- Name inclusion on signage and program

**THE PRIVATE ISLAND EXPERIENCE\*** *VIP Add-on*

**\$75 each**

- 1 ticket to The Private Island, a unique add-on which includes exclusive perks and event experiences – wait until you see what awaits you on the island!

*\*Limited Availability*

*These listed benefits are subject to a printing deadline of **August 2, 2019.***



BENEFITING THE PATIENTS & FAMILIES AT



THURSDAY, OCTOBER 3, 2019 // 7:30 PM  
THE SOUTHERN HOTEL  
[thegalanorthshore.org](http://thegalanorthshore.org)

Sponsor Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**FEATURED** \$10,000    **GOLD** \$5,000    **SILVER** \$2,500    **FRIEND OF ST. TAMMANY CANCER CENTER** \$1,000

**INDIVIDUAL TICKETS** \$150 each (# of Tickets: \_\_\_\_\_)    **VIP ADD-ON EXPERIENCE** \$75 each (# of Add-Ons: \_\_\_\_\_) \*Limited Availability

I am unable to attend but would like to contribute \$\_\_\_\_\_ in support of the patients and families at St. Tammany Cancer Center.

Enclosed is a check made payable to **St. Tammany Hospital Foundation** | Pay with credit card:

Name (as it appears on card) \_\_\_\_\_ Billing Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

To ensure proper recognition, please complete form in its entirety and return to:

**St. Tammany Hospital Foundation**

1202 South Tyler, Covington, Louisiana 70433

Or fax to (985) 871-5744

For additional information, contact Melanie Rudolph at (985) 898-4141 or [mrudolph@stph.org](mailto:mrudolph@stph.org).