



2025 Nightingale Gala

Sponsorship Form

- Innovator* \$10,000 - Includes two (2) tables of ten (10) and centerfold program ad
- Crafter \$ 5,000 - Includes one table of ten (10) and full page program ad
- Photography Sponsor* \$ 3,000 - Includes six (6) tickets and full page program ad
- Music Sponsor* \$ 2,000 - Includes four (4) tickets and full page program ad
- Cultivator \$ 1,500 - Includes four (4) tickets and half page program ad
- Curator \$ 500 - Includes two (2) tickets and quarter page program ad

**These sponsorship levels are exclusive to one organization/business/individual
In order to be noted on the invitation, listed in the program, and recognized at
the event, Sponsors must be submitted by **June 1, 2025***

Please check your sponsorship level above

Organization / Business: _____

Contact: same _____

Address: . _____

City: _____ State: NY _____ Zip: _____

Telephone #: _____ Email: _____

___ Check Enclosed (made payable to Foundation of NYS Nurses, Inc.)

___ Please charge my credit card: Card # _____ Exp: _____ CVV: _____

Please return this form with your payment to:

Center for Nursing at the Foundation of NYS Nurses, Inc., 2113 Western Avenue, Guilderland, NY 12084

Telephone (518) 456-7858

Fax (518) 452-3760

Email: delliott@cfny.org

(20 guests for Innovator, 10 guests for Crafter, 6 guests for Photography, 4 guests for Music and Cultivator, 2 guests for Curator)

Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____