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January, 2024

Dear Friend:

We invite you to help us celebrate *Henderson Behavioral Health's*Mind, Body, & Soul-utions – Celebrating Wellness Exclusive VIP Dinner

presented by Memorial Healthcare System at The Capital Grille – Ft.

Lauderdale on Thursday, May 2, 2024.

We will utilize the entire restaurant for this exclusive dinner celebration for the 8th year in a row. This event sells out every year and attracts 250 people. Limited table sponsorship options are available in one of The Capital Grille's private dining rooms (Sunrise Room, Atlantic Room) which offer a more private dining option depending on the room. Do you want to host a party within the party? Then consider gathering 20 of your closest friends and enjoy your private space on the outside patio that will be transformed into an elegant setting. Additional options are also available for tables of 10, 8, 6, 4, or 2 people.

Henderson provides healthcare, housing, and hope for over 21,000 persons of all ages with behavioral health and substance use conditions in Florida each year. With your generous support, we will continue to provide critical programs and services for those in our community that are most vulnerable.

Should you have additional questions, please contact me at 954-777-1624 or shiggins@hendersonbh.org. We look forward to welcoming you back to our signature event at The Capital Grille and thank you for your consideration!

Suzanne

Suzanne Higgins
Director of Development

HENDERSON BEHAVIORAL HEALTH IS A CHARITABLE TAX-EXEMPT ORGANIZATION PURSUANT TO SECTION 50 (C)(3) OF THE INTERNAL REVENUE CODE. A COPY OF THE ORIGINAL REGISTRATION IFLORIDA REGISTRATION NUMBER CH-2022) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TO LEFREE L-800-435-7352 WITHIN THE STATLE REGISTRATION DOES NOT IMPLY ENDORSEMENT APPROVAL OR RECOMMENDATION BY THE STATLE.

Henderson Behavioral Health Mind, Body & Soul-utions - Celebrating Wellness VIP Dinner at The Capital Grille Presented by Memorial Healthcare System The Galleria at Fort Lauderdale Thursday, May 2, 2024

NAME/COMPANY:		
PHONE NUMBER:	FAX NUMBER:	E-MAIL:
ADDRESS:		
CITY/STATE:		ZIP:
	SPONSORSHIP OPPORTUN	NITIES & LEVELS:
□ \$10,	,000 Presenting Sponsor (SOLD:	Memorial Healthcare System)
Speaking opport	tunity at reception; table for 10 guests	sponsor (1 Available) s. Full page ad in the program journal. c Room
Enjoy ser	mi- private dining for 10 guests. Full p \$5,000 - Board Room	ATTENDED IN
	private dining for 10 guests. Full page \$5,000 - Wine Room (private dining for 10 guests. Full page)	e ad in the program journal. 3 Available)
Enjoy	\$5,000 - Back Main D private dining for 10 guests. Full page	
	Table for 8 guests. Half page ad in to \$2,500 - Lounge (3	he program journal.
You and your	r guests will enjoy semi-private dining Company Name Listed in Pro \$1,750 Private Booth for	gram Journal
Enjoy this co	ozy booth for 6 people opposite the ki Company Name Listed in Pro	itchen in Front Main Dining Room gram Journal
\$1,	\$1,250 – Private booth for 4,250 – Assorted Tables througho \$250 Individual	ut restaurant for 4 Guests
Be	havioral	Health

Henderson Behavioral Health Mind, Body & Soul-utions - Celebrating Wellness VIP Dinner at The Capital Grille - The Galleria at Fort Lauderdale Thursday, May 2, 2024

ADDITIONAL SPONSORSHIP OPPORTUNITIES

Underwriting Opportunities: (Re	ecognition in program journal and	d signage at event)
□ Valet Parking Sponsor- \$1,500 − □ Favors - \$1,250 − two dinner tick		let parking area
PR	OGRAM JOURNAL AD SALES	
All artwork should be camera-reasuzanne Higgins at shiggins@hea		PDF OR JPEG FILES to:
DEADLINE FOR CAM	ERA-READY ARTWORK FOR	ALL ADS IS April 15, 2024:
Full-page color ad - Dimensions 5 x Half page color ad - Dimensions: 5 x Your name or company listed on He	x 4 horizontal (no bleed)	\$250
	PAYMENT INFORMATION	
Please make payment to: <u>Henderson Behavioral Health,</u> 4740	N. State Road 7, Suite 201, Lau	derdale Lakes, FL 33319
Tickets: \$250 per person	\$500 per couple	
Ads: \$500 full page	\$250 half page	\$100 name listing
Total Enclosed: \$ ☐ Charge my credit card	Check Enclosed	☐ Check Requested/ P.O.
Name/s:	Address	
City	State Zip E	E-mail
Credit Card Number:		Visa / MC / AMEX (Circle One)
Expiration Date: C	VC #Signature of Card	lholder:
FAIR MARKET VALUE FOR EACH INDIV DEDUCTED FOR TAX PURPOSES IS \$100		FORE THE AMOUNT THAT CAN BE