

## Red Shawl Gala

Friday, September 16, 2022

Potawatomi Hotel & Casino Event Center



## Sponsorship Opportunities

### MIGIZI (EAGLE) SPONSORSHIP

\$8,000

- Two (2) tables of eight (8) guests with your brand/signage on the tables
- Exclusive opportunity to place item on all gala tables as gifts for attendees
- Special stage recognition and opportunity to make opening remarks
- Special recognition in the credits of the Honoring Video
- Full-page advertisement in the event program
- Brand/logo acknowledgement on event signage
- Brand recognition on targeted marketing E-Blast leading up to the event

### NOOKE (BEAR) SPONSORSHIP

\$4,000

- One (1) table of eight (8) guests with your brand/signage on the table
- Half-page advertisement in the event program
- Brand/logo acknowledgement on event signage
- Brand recognition on targeted marketing E-Blast leading up to the event

### MA'IINGAN (WOLF) SPONSORSHIP

\$3,000

- One (1) table of eight (8) guests with your brand/signage on the table
- Logo placement in the event program
- Brand/logo acknowledgement on event signage

### WAABOOZ (RABBIT) SPONSORSHIP

\$1,000

- One (1) table of eight (8) guests with your brand/signage on the table
- Listed as a contributor in the event program

### NIJI (FRIENDS) SPONSORSHIP

\$80

- One (1) individual ticket

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## Sponsorship Levels / Tickets

To become a sponsor and/or purchase tickets, please fill out and submit the information to: **ATTN: Stacey Hollister** Fax: (414) 389-3881 or email to [SHollister@gliihc.net](mailto:SHollister@gliihc.net)

### Sponsorship/Table Reservation Form

- |  |  |
|--|--|
| <input type="checkbox"/> Migizi Sponsorship - \$8,000    | <input type="checkbox"/> Waabooz Sponsorship - \$1,000       |
| <input type="checkbox"/> Nooke Sponsorship - \$4,000     | <input type="checkbox"/> Niji Individual Tickets - \$80 each |
| <input type="checkbox"/> Ma'iingan Sponsorship - \$3,000 | Number of tickets: _____                                     |

Payment Information: \$ \_\_\_\_\_  Check Enclosed  Credit Card  
Make checks payable to **Gerald L. Ignace Indian Health Center**

### Company name listing for promotional materials:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**Who is the contact for the guest list, invoicing, and logo/ad benefit information (if different from above)?**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Please return this form to:

Stacey Hollister ([SHollister@gliihc.net](mailto:SHollister@gliihc.net))  
930 W. Historic Mitchell St., Milwaukee, WI 53204  
Phone: (414) 316-5050 | Fax: (414) 389-3881

Make checks payable to **Gerald L. Ignace Indian Health Center**