

SPONSORSHIP LEVELS

2024 VIVA HEALTH GALA

PRESENTS

A NIGHT OF THE ARTS

A BLACK TIE EVENT

SEPTEMBER 6, 2024

Contact Name _____

Corporation Name _____

Recognition Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Sponsorship and VIP Tickets include access to the pre-reception, seated dinner and performance.

PLEASE SELECT FROM THE FOLLOWING LEVELS:

_____ **\$25,000 // Presenting Sponsor** // Includes up to 10 VIP Tickets

AEIVA
Art Gallery

Arts in Medicine
Experience

ArtPlay Children's
Performance

Alys Stephens Center
Performance

_____ **\$12,500 // Sponsorship Table** // All tables seat 8 guests

_____ **\$10,000 // Honorees' Circle** // Includes 2 VIP Tickets
(Support the arts at an increased level)

_____ **\$1,500 // Single VIP Ticket**

Please send a copy of your updated company logo and any questions to Savannah DeRieux at 205 934 9900 or sderieux@uab.edu.

I would like to reserve _____ for a total of \$ _____

I/We cannot attend, but would like to make a gift in honor of _____ for \$ _____

_____ I am enclosing a check for \$ _____.

_____ My pledge in the amount of \$ _____ will arrive by _____

_____ Please bill my credit card \$ _____

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card number _____ Expiration date _____

CVV _____ Signature _____

Please mail this form along with a check to // Attn: Savannah DeRieux,
UAB Arts, 1720 2nd Avenue South, Birmingham, AL 35294

To give online visit us at AlysStephens.org/support

Please seat me with the following individuals: _____

**Preferred seating is based on order of sponsorship commitment.*