



You are invited to enjoy **A Night at the Museum** benefiting **Operation Walk Denver**. We will celebrate restoring the joy of walking and the impact we have had for over twenty years.

Through your support, people in Panama, Guatemala, Honduras, Nicaragua, Dominican Republic, Mexico, and even here at home in Colorado, are experiencing the freedom that comes with a life-changing joint replacement surgery. Because of you, many have received free surgeries to help them regain the ability to walk and live life to the fullest.

You can be a part of changing the lives of those who need it most at the **Walk of Dreams Gala** – “A Night at the Museum.” Enjoy an evening of creative art, connecting with friends, and hearing inspiring stories from the team of **Operation Walk Denver**.

<b>Sponsorships Available</b>	<b>Big Dreamer Sponsor \$25,000</b>	<b>Masterpiece Sponsor \$10,000</b>	<b>Visionary Sponsor \$7,500</b>	<b>Innovative Sponsor \$5,500</b>	<b>Futuristic Sponsor \$3,500</b>
Seating at event	20	10	10	8	8
Listing and logo in gala program	Full Page	Half Page	Quarter Page	NAME	NAME
Corporate signage on table with logo	X	X	X	NAME	
Introduction at event	X	X	X	X	
Recognition on screen during event	X	X	X	X	
Acknowledgement in Operation Walk newsletter and event website	X	X	X		
Featured as sponsor on auction cell phone interface	X				
Logo in event email blasts	X	X	NAME		
Name, logo, and link in all media releases and printed promotional materials	X				
Logo and corporate link on event page	X				



**PLEASE CHECK ALL THAT APPLY:**

- Big Dreamer Sponsor \$25,000
- Masterpiece Sponsor \$10,000
- Visionary Sponsor \$7,500
- Innovative Sponsor \$5,500
- Futuristic Sponsor \$3,500
- \_\_\_\_\_ Individual Ticket(s) at \$250 each
- I am unable to attend the event, enclosed is a donation of \_\_\_\_\_ .

For information on  
registration and sponsorships:  
[www.RMAHF.org/walkofdreams](http://www.RMAHF.org/walkofdreams)  
or 303-715-7609

**CONTACT:**

Organization or Individual Name (As you would like it to appear in print) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**PAYMENT:**

- Cash
- Check (payable to Operation Walk Denver)
- Credit Card – [www.RMAHF.org/walkofdreams](http://www.RMAHF.org/walkofdreams)

**ATTENDEES** - Please fill in names of persons attending the event (additional names on back)

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

**Send sponsorship agreement/payment to Rocky Mountain Adventist Healthcare Foundation no later than Friday, September 6, 2024**