



ALMA Gala

2024 Anniversary

Dinner & Dance Invitation

The Arizona Latin American Medical Association requests your support as a sponsor for the 28th Anniversary Gala Dinner and Dance, Saturday, December 7, 2024. Hosted Reception at The McCormick, Scottsdale, 7421 N. Scottsdale Road, Scottsdale, AZ 85253. Tickets \$500 each. Business or formal attire optional. Reception at 6:30 PM - Dinner at 7:00 PM, Dance 9:00 PM to 12:00 Midnight.

Sponsorship Levels

Platinum: \$10,000 (10 guests): Sponsor is listed as Gala named Co-Sponsor, logo is listed on Gala program as co-sponsor, logo is displayed on a large screen at the event and on the ALMA website for one full year. If desired, present a scholarship recipient while also hosting recipient and their guest. Reserved table – 10 persons for dinner & Dance.

Gold \$5,000 (10 guests): Sponsor is introduced at dinner. Sponsor name appears in the program and at table. If desired, present a scholarship recipient while also hosting recipient and their guest. Reserved table - 10 persons for dinner & Dance.

Silver: \$4,000 (8 guests) or \$3,000 (6 guests) or \$2,000 (4 guests): Sponsors are recognized at dinner. Sponsor name appears in the program with reserved table shared with other sponsor and guests.

Approximately \$150 of each setting are allocated to pay for the dinner, beverages, entertainment and related event expenses. The remaining \$350 are tax deductible.

Hotel room rates are discounted for ALMA guests attending the Gala provided reservations are made before November 1, 2024. Book your room - Go to:

<https://www.millenniumhotels.com/en/scottsdale/the-mccormick-scottsdale/>

Use group code: **2412ALMAGA**

ALMA is a 501 (c) (3) non-profit corporation. The IRS assigned Employer Tax I.D. # is 86-0743958.

Use following form for table reservations. Email to: adolfo@almahealthcare.com

Reserve your Gala table early then pay by mid-November.
Payment received by November 15, 2024 will be listed in the program.

Name: _____ Phone: _____

Company _____ Email _____

Address _____ City _____ State _____ Zip _____

_____ **Platinum co-sponsor - one table for 10 persons \$10,000**

_____ **Gold Sponsor - one table for 10 persons \$5,000**

_____ **Silver Sponsor - eight persons \$4,000 - six persons \$3,000 – four persons \$2,000**

_____ **Individual tickets - \$500**

_____ **Can't Attend but want to support ALMA with \$ _____ donation.**

Please make check payable to ALMA, P.O. Box 24152, Tempe, AZ 85285 – or
Electronic payment at SHOP window www.almahealthcare.com