

**PHILIPPINE NURSES ASSOCIATION OF
GREATER KANSAS CITY PRESENTS**

a grateful heart

**Celebrating 34 Years of
Love, Compassion, and Hope**

saturday, april 12, 2025

**The Westin Kansas City
at Crown Center**
1 East Pershing Road
Kansas City, Missouri 64108

5:00pm Cocktail Reception
6:00pm Doors Open
6:30pm-11:00pm
Dinner, Program and Dance



Attire: Formal / Black Tie

Please reply by March 30, 2025

See RSVP card for sponsorship levels and benefits

SPONSORSHIP TYPE

_____ **GRAND BENEFACTOR: \$ 5000** 20 VIP seats + One full-page personal ad in Souvenir Program · Complimentary event-day valet parking · Souvenir Program Listing

_____ **BENEFACTOR: \$ 3000** 10 VIP seats + One full-page personal ad in Souvenir Program + Complimentary event-day valet parking + Souvenir Program Listing

_____ **GRAND PATRON: \$ 1600** 8 premium seats + One full-page personal ad in Souvenir Program + Complimentary event-day valet parking + Souvenir Program Listing

_____ **PATRON: \$ 1200** 6 premium seats + One full-page personal ad in Souvenir Program + Complimentary event-day valet parking + Souvenir Program Listing

_____ **SPONSOR: \$ 600** Two premium seats + One full-page personal ad in Souvenir Program + Complimentary event-day valet parking + Souvenir Program Listing

_____ **DONOR: ANY DONATION** Souvenir program listing. I would like to donate the amount of \$_____ to support PNAGKC

_____ **UNDERWRITER** Invitation layout/printing \$1500
Souvenir Books layout/printing \$2000
Centerpieces \$625
Postage \$200

SOUVENIR PROGRAM BOOK AD DONOR

_____ **INSIDE FRONT COVER
COLORED, FULL
PAGE - \$400**

_____ **INSIDE BACK COVER
COLORED, FULL PAGE - \$300**

_____ **DOUBLE TWO-FULL
PAGE SPREAD,
B/W - \$300**

_____ **SINGLE (B/W) FULL
PAGE - \$200**

_____ **SINGLE (B/W) HALF PAGE - \$100**

Please provide print-ready photos and message/greetings
no later than **March 9, 2025** to PNAGKC@gmail.com.

CONTACT/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ TEL _____



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SOLICITATIONS & ADS BEFORE OR BY **MARCH 9, 2025**
KINDLY RESPOND BEFORE OR BY **MARCH 30, 2025**

Yes! I WILL BE ATTENDING

_____ TOTAL NUMBER OF GUESTS \$150/PERSON

NO, I WILL NOT BE ABLE TO ATTEND
BUT PLEASE ACCEPT THE ENCLOSED DONATION OF \$_____ TO SUPPORT PNAGKC

SEATING REQUESTS _____

PLEASE INDICATE IF VEGETARIAN MEAL REQUESTED

_____ # OF VEGETARIAN MEALS

Please make check for dinner reservation, sponsorship and/or souvenir greetings/ads payable to the Philippine Nurses Association of Greater Kansas City (PNAGKC) OR payment to be sent via Zelle App (pnagkctreasurer@gmail.com)

For Questions, please contact Irma Wright Irma.Labre@gmail.com.
Please mail checks to: **PNAGKC Gala Committee (c/o Irma Wright),
6601 N Indiana Ave, Gladstone, MO 64119**

For questions about the souvenir ads/greetings, please call/text/email:
Jessamine Daley 816.217.9112 • pnagkc@gmail.com