

33RD ANNUAL CAMELLIA BALL

A LEGACY OF NURSING IN BLACK *and* WHITE

BENEFITING ANMED NURSING SERVICES

VIP SPONSOR DINNER
FRIDAY, MARCH 12, 2027

FORMAL BALL
SATURDAY, MARCH 13TH, 2027



PRESENTED BY  **MAVIN**

■ AMBASSADOR \$1,500	■ SILVER \$2,500	■ GOLD \$5,000	■ PLATINUM \$7,500	■ DIAMOND \$10,000	■ SIGNATURE \$15,000	■ PRESENTING \$35,000
\$1,250 PER SEAT	2 SEATS	4 SEATS	6 SEATS	8 SEATS (TABLE)	8 SEATS (TABLE)	8 SEATS EACH (2 TABLES)
Gilmer Society	Chairman's Circle of the Gilmer Society	Founder's Circle of the Gilmer Society	Founder's Circle	The 1908 Circle of the Gilmer Society		
		Featured in sponsor highlight video.				
		Will receive hotel accommodations for ONE of the nights of the VIP Dinner OR Ball (selection of which night must be confirmed by Feb. 5, 2027. If you'd like to purchase the second night, please contact foundation@anmed.org).				
Inclusion in the Jennie Gilmer Annual Giving Society, invitation to participate in leadership giving events throughout the year, and recognition in The AnMed Foundation annual report.						
Recognition in commemorative event program.						
Acknowledgement on event website and social media outlets.						
All Sponsorship levels will receive recognition in a public area to recognize your generosity and support for helping to meet the greatest healthcare needs in our community.						

WHAT IS CAMELLIA BALL?

Every year, the AnMed Foundation hosts Anderson's premier gala event, the Camellia Ball, to support AnMed programs and services to meet our community's greatest needs.

This year's focus will highlight the impactful work of AnMed Nursing Programs.

Over the last 32 years, the Camellia Ball has raised over \$6 million through the generosity of sponsors, volunteers, and attendees like you. On behalf of our community, we thank you for your support.

Contact: AnMed Foundation at foundation@anmed.org

800 North Fant Street | Anderson, SC 29621 | 864-512-3477 | Fax 864-512-3479 | AnMedFoundation.org



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SPONSORSHIP FORM



PRESENTED BY  **MAVIN**

SPONSORSHIP LEVEL:

- | | |
|-------------------------------------|----------|
| ☐ Presenting | \$35,000 |
| ☐ Signature | \$15,000 |
| ☐ Diamond | \$10,000 |
| ☐ Platinum | \$7,500 |
| ☐ Gold | \$5,000 |
| ☐ Silver | \$2,500 |
| ☐ Ambassador | \$1,250 |

TOTAL Sponsorship Commitment =

\$ _____



SPONSOR NAME:

Contact Person: _____

Address: _____

City, State, Zip: _____

Business Phone: _____

Mobile: _____

Email: _____

How would you like your name to be listed
in the program and recognition materials?

- ☐ I would like to make this a 100% contribution that does not include seats.
- ☐ I wish to make this gift anonymous.

METHOD OF PAYMENT:

Check Payable to the AnMed Foundation
Credit Card (A 4% fee will apply)
Send me an invoice

Print Deadline: January 31, 2027

RETURN TO:

AnMed Foundation
800 North Fant Street
Anderson, SC, 29621

CONTACT:

foundation@anmed.org
Office 864-512-3477
Fax 864-512-3479