# **₩VU**CancerInstitute GALA

## SPONSORSHIP OPPORTUNITIES FOR PHARMACEUTICAL AND MEDICAL DEVICE EXHIBITORS

## A NEW ERA FOR THE SPRING GALA

As we enter year 41 of this special event, we usher in a new era for the Gala and for the Institute by readying ourselves for growth. We are at a critical junction in the history of the WVUCI. Much like 40 years ago, we are embarking on a monumental investment in the growth of our program with a new cancer hospital, the Hazel Ruby McQuain Cancer Hospital. As we usher in this new era, we are excited to explore new ventures and venues that will allow us to continue to build new memories with longstanding supporters while bringing new partnerships into the fold.

To do so, the Spring Gala will transition to Nemacolin in 2026. We hope you will join us from April 17-19 as we showcase our programs, build awareness for our needs, and outline our plans for the future. Event details are available at wvucancergala.com. The event agenda published on the site will continue to be updated with added details as they are confirmed.

Industry sponsors will enjoy a remarkable opportunity to interface with and learn from WVUCI cancer researchers, clinicians, and administrators, as well as to exhibit their company's offerings. Their brands and offerings are exposed to 400 on-site event guests. As an additional benefit, all industry sponsors will be invited to a private parting breakfast Sunday morning, during which WVUCI administrators will mingle with sponsors and bid them a proper farewell.



NEMACOLIN | APRIL 17-19, 2026 www.wvucancergala.com

### / \$25,000 Ruby Industry/Pharma Sponsor

- 10 admissions (1 full table at ball) to all weekend activities
- Double exhibit space with two tables in priority location
- Opportunity to be advertised as the Presented By sponsor of select activity on Saturday morning during exhibits and presentations (limited availability)
- 10 admissions to private industry-only farewell breakfast Sunday
- Preferred recognition on Gala event webpage including hyperlink
- Special mention from podium on Friday evening
- Listing in Gala program
- \$21,590 Tax-Deductible

## \$11,000 Sapphire Industry/Pharma Sponsor

- 6 admissions (partial table at ball) to all weekend activities
- Double exhibit space with two tables in preferred location
- 6 admissions to private industry-only farewell breakfast Sunday
- Priority recognition on Gala event webpage
- Listing in Gala program
- \$8,954 Tax-Deductible

### \$5,000 Emerald Industry/Pharma Sponsor

- 4 admissions (partial table at ball) to all weekend activities
  - Exhibit space with one table
  - 4 admissions to private industry-only farewell breakfast Sunday
  - Recognition on Gala event webpage
  - Listing in Gala program
  - \$3,636 Tax-Deductible



## COMMITMENT OF SUPPORT

Ahead of event registration opening to the public in January, the Cancer Institute's Office of Philanthropy encourages those who plan to sponsor the Gala to formalize their commitment of support. Doing so will ensure associated seats are reserved immediately.

To commit a sponsorship, simply return the commitment form found at: www.wvucancergala.com/registration, where the document set required for many industry sponsorships can also be found and downloaded. Into the New Year, our office will be in touch to prompt completion of your registration, including collection of guest names, dietary restrictions and such. If you would prefer to process payment at that time, we will be pleased to invoice you. If you prefer to process before the year's end, please note that checks may be issued as follows:

Check made out to: WVU Foundation Memo: Cancer Gala Sponsorship

Mail to: WVU Foundation c/o WVU Cancer Institute Office of Philanthropy – HSC 1631 P.O. Box 9300 Morgantown, WV 26505-9300

For sponsorship questions, please contact **Stephanie McCandless** at SMcCandless@wvuf.org or 304-293-7585. For payment questions, contact **Jasmine Combs** at JCombs@wvuf.org or 304-554-0215 OR Erin Gregory at e) EGregory@wvuf.org or 304-554-0234.







To Whom It May Concern:

On behalf of the leadership at the WVU Cancer Institute and at the WVU Foundation, which solicits, invests, and administers private support on behalf of West Virginia University, I am pleased to provide this letter of support regarding your sponsorship of the 2026 Cancer Gala. We are pleased to offer our 2026 sponsors valuable access to physicians, researchers and administrators, exhibit space, and opportunities for meaningful sponsor recognition.

Included in this packet is the proposed (and WIP) schedule of events, our W9 and our wire instructions. We invite you to review these, along with the additional details available online at wvucancergala.com. Our team will be happy to answer any questions you may have upon review and will follow up to discuss your organization's sponsorship. While registration will open on the website in the new year, following the release of formal invitations, we are pleased to process sponsorship reservations such as yours at this time.

Again, thank you for your support of this long-standing educational and philanthropic event. We look forward to showcasing our programs, building awareness for our needs, and outlining our plans for the future.

Best regards,

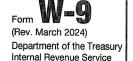
Stephanie

Stephanie L. McCandless, MBA

Director of Annual Giving, Events & Community Relations

WVU Cancer Institute | WVU Foundation

E) SMcCandless@wvuf.org



## Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

| Beloi  | 1   | Name of entitylindividual. An entry is required. (For a sele propriete and line and left in the line and line and left in the line and lin |                   |                        |                 |                           |   |   |          |                     |  |  |
|--|---|--|-------------------|------------------------|-----------------|---------------------------|---|---|----------|---------------------|--|--|
|  | ı.  | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregardentity's name on line 2.)   |                   |                        |                 |                           |   |   |          |                     |  |  |
|  | WEST VIRGINIA UNIVERSITY FOUNDATION, INC  |  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  |   | 2 Business name/disregarded entity name, if different from above.  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  | 3а  | a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on only <b>one</b> of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation  Partnership  |                   |                        |                 | CE                        | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |   |          |                     |  |  |
|  |   | The state of the s |                   |                        |                 |                           |   |   |          |                     |  |  |
|  |   | Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate   |                   |                        |                 |                           | Exempt payee code (if any)1  Exemption from Foreign Account Tax                                   |   |          |                     |  |  |
|  |   | box for the tax classification of its owner.  Other (see instructions) 501 (c)3 Non-Profit   |                   |                        |                 |                           | Compliance Act (FATCA) reporting code (if any)  |   |          |                     |  |  |
|  | 3b  | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions   |                   |                        |                 |                           |   | (Applies to accounts maintained outside the United States.) |          |                     |  |  |
|  | 5   | ress (number, street, and apt. or suite no.). See instructions.  Requester's na  |                   |                        |                 | ne and address (optional) |   |   |          |                     |  |  |
|  |   | WATERFRONT PLACE, 7TH FLOOR  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  | 6 City, state, and ZIP code   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  | MORGANTOWN, WV 26507 7 List account number(s) here (optional)                           |  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  | '   | List account number(s) nere (optional)   |                   |                        |                 |                           |   |   |          |                     |  |  |
| Par  |   | Taxpayer Identification Number (TIN)   |                   |                        |                 |                           |   |   |          |                     |  |  |
|  |   |  |                   |                        |                 | ecurity                   | curity number   |   |          |                     |  |  |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>                           |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
| T/N, later.  |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
| Note: If the account is in more than one name, see the instructions for line 1. See also What Name and   |   |  |                   |                        | ploye           | yer identification number |   |   |          |                     |  |  |
| Number To Give the Requester for guidelines on whose number to enter.  |   |  |                   |                        |                 | - 6                       | 0 1   | 7   | 1 8      | 1                   |  |  |
| Part II Certification  |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
| And the second second  | -91-47  | nalties of perjury, I certify that:  |                   |                        |                 |                           |   |   |          |                     |  |  |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and   |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
| 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and |   |  |                   |                        |                 |                           |   |   |          |                     |  |  |
|  | _   | J.S. citizen or other U.S. person (defined below); and   |                   |                        |                 |                           |   |   |          |                     |  |  |
| 4. The   | FA  | TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting   | ng is cor         | rect.                  |                 |                           |   |   |          |                     |  |  |
| Certifi<br>becau<br>acquis   | <b>cat</b> i<br>se y<br>itior   | on instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual ret   | ou are cons, item | urrer<br>2 de<br>arran | ntly s<br>bes n | ot app<br>ent (IR/        | ly. For r<br>A), and.   | nortga<br>genera  | ge inter | rest paid,<br>ments |  |  |
| other t  | han   | interest and dividends, you are not required to sign the certification, but you must provide yo  | our corre         | ct TI                  | Ň. Se           | e the i                   | nstructi  | ons for   | Part II  | , later.            |  |  |
| Sign<br>Here   |   | Signature of U.S. person   | Date              | /                      | 1_              | 17                        | 1-1   | 5   | -        |                     |  |  |
| Ger  | General Instructions  New line 3b has been added to this form. A flow-through entity is |  |                   |                        |                 |                           |   |   |          |                     |  |  |

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## **INCOMING WIRE INSTRUCTIONS**

United Fairfax 990 Elmer Prince Dr. Morgantown, WV 26505

Credit to:

WVU Foundation, Inc.

Routing Number: 056004445 Account Number: 0064233414

Before wiring funds, please contact Advancement Data (giftprocessing@wvuf.org) to confirm the amount and designated Foundation fund for the deposit.

## International Wires include the following information:

Funds sent in USD:

Bank Location: Fairfax, VA Bank SWFT: UNDEUS42

Beneficiary Bank: UNITED BANK Beneficiary ABA: 056004445

Beneficiary Account Name: WVU Foundation Beneficiary Account Number: 0064233414

Funds sent in Foreign Currency:

Contact the wire department for special instructions for a one time transfer. However funds will be credited in USD.