



SEPTEMBER

THURSDAY

19

AT 5 PM

2 O 2 4

OUR HEALTH CAMPUS 301 N. CAMERON ST. WINCHESTER, VA 22601

A FUNDRAISER TO BENEFIT SINCLAIR HEALTH CLINIC

PRESENTED BY



Sponsorship Opportunities Available

More Information

540-536-1682



Sponsorship Opportunities

GALA TO BENEFIT SINCLAIR HEALTH CLINIC

Since 1986, Sinclair Health Clinic has delivered high-quality healthcare to adults in need. Join us on September 19, 2024 and together, we will ensure everyone in our community has access to life-saving medical care. Your gift is tax-deductable.



- Recognized as Presenting Sponsor on all Event collateral.
- Opportunity to give brief opening remarks at event.
- Earned media mentions including press release.
- Prominent logo in newsletters, and social media
- Logo recognition on website.
- 2 VIP Reserved Tables for 10 (tickets for 20 guests)

\$10,000

Lily Sponsor



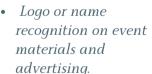
- Recognized as Supporting Sponsor on all Event collateral.
- Brief speaking opportunity at event.
- Prominent logo on all event literature and advertising.
- Logo in newsletters, and social media.
- VIP Reserved Table for 10 (tickets for 10 quests)

\$7,500

Tulip Sponsor

- Logo or name recognition on event materials and advertising.
- Recognition on website
- Recognition in newsletters and social media.
- Reserved Table for 10 (tickets for 10 guests)

\$5,000

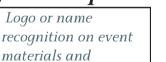


Recognition in newsletters and social media.

Reserved seating for 6 Guests at the event

\$2,500

Rose Sponsor 🥦 Sunflower Sponsor



advertising.

• Recognition in newsletters and social media.

 Reserved seating for 4 Guests at the event.

\$1,000

To secure your sponsorship:

Contact a member of the Sinclair on the Green planning committee or Jennifer Hall, Director of Community Engagement at 540-536-1682 or jhall@sinclairhealthclinic.org

www.sinclairhealthclinic.org | 301 N. Cameron St. Winchester, VA 22601 | 540-536-1680 |



YES, I WOULD LIKE TO BE A SPONSOR!

Sinclair on the Green benefits Sinclair Health Clinic.
September 19, 2024

SPONSOR INFORMATION	DN	
Business/Sponsor Name:		
Primary Contact:		
Address:		
Email:		
Phone Number:		
Website:		
SPONSORSHIP LEVELS	(please check one)	
Orchid Sponsor		\$10,000
Lily Sponsor		\$7,500
Tulip Sponsor		\$5,000
·		\$2,500
Sunflower Sponsor \$1,000		
PAYMENT INFORMATIO	N	
CHECK ENCLOSED	PAID ONLINE	☐ INVOICE ME
Payable to Sinclair Health Clinic	I made a payment at sinclairhealthclinic.org	To email above. Anticipated payment date:
Upon receipt of this completed f contact as well as a request for y	orm, a confirmation email will be solour logo, if applicable.	ent to the primary

Thank you for supporting Sinclair Health Clinic.