

SAVE THE DATE



SEPTEMBER

THURSDAY

19

AT 5 PM

2024

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.



Orchid Sponsor

- 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 guests)

\$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



Rose Sponsor

- Logo or name recognition on event materials and advertising.
- Recognition in newsletters and social media.
- Reserved seating for 6 Guests at the event

\$2,500



Sunflower Sponsor

- Logo or name recognition on event materials and 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



YES, I WOULD LIKE TO BE A SPONSOR!

Sinclair on the Green benefits Sinclair Health Clinic.

September 19, 2024

SPONSOR INFORMATION

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
- Rose Sponsor \$2,500
- Sunflower Sponsor \$1,000

PAYMENT INFORMATION

CHECK ENCLOSED

Payable to Sinclair
Health Clinic

PAID ONLINE

I made a payment at
sinclairhealthclinic.org

INVOICE ME

To email above. Anticipated
payment date: _____

Upon receipt of this completed form, a confirmation email will be sent to the primary contact as well as a request for your logo, if applicable.

Thank you for supporting Sinclair Health Clinic.

