Sponsorship Opportunities

Campaign Kickoff Event

Thursday April 22, 2025, Baker Lofts Event Center

Donate Your Time, Talent, and Support!

□ Presenting Sponsor: $3,000 or greater

- Exclusivity as lead sponsor of Donate a Smile: 2024 Campaign Kick-Off Dinner
- Logo recognition on invitation (if secured before March 18)
- Logo recognition on event program (if secured before April 15)
- Logo recognition on campaign materials, recognition in e-Newsletter, HFHC website, and social media
- Speaking opportunity to address the audience at event (on stage opportunity to share with guests
- Reserved seating for up to 16 guests

□ Event Sponsor: $2,000 or greater

- Logo recognition on invitation (if secured before March 18)
- Logo recognition on event program (if secured before April 15)
- Logo recognition on campaign materials, recognition in e-Newsletter, HFHC website, and social media
- Reserved seating for up to 8 guests

□ Campaign Sponsor: $1,000 or greater

- Logo recognition on event program (if secured before April 15)
- Logo recognition on campaign materials, recognition in e-Newsletter, HFHC website, and social media
- Reserved seating for up to 8 guests

□ Table Sponsor: $500 or greater

- Name listing on event program (if secured before April 15)
- Name listing on campaign materials, recognition in e-Newsletter, HFHC website, and social media
- Reserved seating for up to 8 guests

□ Donor:

- Support the campaign in the following amount: $_____
- In-Kind Donation: _____

□ Event Guest:

- Attend the event to learn more about HFHC and how you can help

For more information visit us online at: hfhclinic.org/donate-a-smile-campaign

Contact Information:

Name(s): _____

Business Name: _____

Address: _____City: _____State: _____Zip:_____

Email: _____ Phone: _____

□ I/We agree to provide my name as a campaign sponsor, logo use if applicable □ I/We prefer to remain anonymous

Payment Information:

Amount: $_____ Method: □ Please Send Invoice □ Check Enclosed □ Credit Card

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

Please send form and payment to: Holland Free Health Clinic, 99 W. 26th Street, Holland, Michigan 49423

For more information, call (616) 392-3610 ext. 202