

Sponsorship Opportunities

Campaign Kickoff Event

Thursday May 1, 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 24)
- Logo recognition on event program (if secured before April 25)
- 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 24)
- Logo recognition on event program (if secured before April 25)
- 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 25)
- 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 25)
- 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 of Goods or Services: _____

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 email or mail form and payment to: bjones@hfhclinic.org or Holland Free Health Clinic, 99 W. 26th Street, Holland, Michigan 49423. For more information, call (616) 392-3610 ext. 202