



MAY 16, 2019

Sponsorship Opportunities

REMBRANDT \$5000	12 tickets to attend ArtFeast
	Recognition as a Title Sponsor: Name/logo prominently displayed in all printed materials including event invitation,* media release, event website, social media and Exalta Health newsletter*
	Full-page ad in the event program (provided by sponsor)*
VAN GOGH \$3000	10 tickets to attend ArtFeast
	Recognition in Promotional Materials: Name/logo prominently displayed in event website, media release, social media and Exalta Health newsletter*
	Half-page ad in the event program (provided by sponsor)*
MONET \$1500	6 tickets to attend ArtFeast
	Recognition in Promotional Materials: Event website, social media, and Exalta Health newsletter*
	Quarter-page ad in the event program (provided by sponsor)*
PICASSO \$1000	4 tickets to attend ArtFeast
	Recognition on social media and Exalta Health newsletter*
	Name listed in the event program*
CALDER \$500	2 tickets to attend ArtFeast
	Recognition on social media and Exalta Health newsletter*
	Name listed in the event program*

** Subject to print deadlines.*

For more information, please contact Cindy Mackey at 616.475.8475 x107



Exalta Health 2019 Sponsorship Commitment

Event Sponsorship Support

ArtFeast7

- REMBRANDT \$5000
- VAN GOGH \$3000
- MONET \$1500
- PICASSO \$1000
- CALDER \$500
- OTHER \$ _____

Golf Outing

- ACE \$5000
- EAGLE \$3000
- BIRDIE \$1500
- PAR \$1000
- TEE \$500
- OTHER \$ _____

Annual Luncheon

- DIAMOND \$5000
- PLATINUM \$3000
- GOLD \$1500
- SILVER \$1000
- BRONZE \$500
- OTHER \$ _____

Thank you for supporting
Exalta Health.

Exalta Health Federal Tax ID #38-3273825
Organized under IRS 501(c)(3)

Our 2019 Support

ArtFeast	\$ _____
Golf Outing	\$ _____
Annual Luncheon	\$ _____
Other Donation	\$ _____
TOTAL CONTRIBUTION FOR 2019	\$ _____

Method of Payment

ONLINE PAYMENT & REGISTRATION
exaltahealth.org/events

CHECK IS ENCLOSED
In the amount of \$ _____
(Make checks payable to Exalta Health)

SEND AN INVOICE
Organization Name: _____
Address: _____
City: _____
State: _____ Zip: _____

CHARGE CREDIT CARD 
Card Number: _____
Expiration Date: _____
(please print clearly)

Sponsor Information

Contact Name: _____
Organization Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Fax: _____
Email: _____

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