



Luncheon



Exalta Health
Our community. Our health.

OCTOBER 9, 2019

Sponsorship Opportunities

DIAMOND \$5000	Recognition as a Title Sponsor: Name/logo prominently displayed in all printed materials including event invitation*, media release, event website, social media, event program* and mentioned from stage
	Premium table seating
	Opportunity to host a table of 8
PLATINUM \$3000	Recognition: Name/logo prominently displayed in the event invitation*, media release, event website, social media, event program* and name mentioned from stage
	Opportunity to host a table of 8
GOLD \$1500	Recognition on the event website, social media and event program*
	Opportunity to host a table of 8
SILVER \$1000	Recognition on social media and event program*
	Opportunity to host a table of 8
BRONZE \$500	Recognition on social media and 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: _____

For more information, please contact Cindy Mackey at 616.475.8475 x107