

ARTFEAST



JUNE | 2020

Sponsorship Opportunities

REMBRANDT \$5000	Free pre-registration to virtual event for 10 people
	Recognition as a Title Sponsor: Name/logo prominently displayed at the event, in media release, all email communications, event website, social media and Exalta Health newsletter*
VAN GOGH \$3000	Free pre-registration to virtual event for 8 people
	Recognition in Promotional Materials: Name/logo prominently displayed in all email communications, on event website, social media and Exalta Health newsletter*
MONET \$1500	Free pre-registration to virtual event for 6 people
	Recognition in Promotional Materials: Event website, social media, and Exalta Health newsletter*
PICASSO \$1000	Free pre-registration to virtual event for 4 people
	Recognition on social media and Exalta Health newsletter*
CALDER \$500	Free pre-registration to virtual event for 2 people
	Recognition in Exalta Health newsletter*

* Subject to print deadlines.

For more information, please contact Thressa Hoekstra at 616.475.1326

Commitment



EXALTA HEALTH 2020

Sponsorship Commitment

ArtFeast8

- REMBRANDT \$5000
- VAN GOGH \$3000
- MONET \$1500
- PICASSO \$1000
- CALDER \$500
- OTHER \$ _____
- SPONSORSHIP ONLY
Not Attending the Event

Annual Luncheon

- DIAMOND \$5000
- PLATINUM \$3000
- GOLD \$1500
- SILVER \$1000
- BRONZE \$500
- OTHER \$ _____
- SPONSORSHIP ONLY
Not Attending the Event

Golf Outing

- ACE \$5000
- EAGLE \$3000
- BIRDIE \$1500
- PAR \$1000
- TEE \$500
- OTHER \$ _____
- SPONSORSHIP ONLY
Not Attending the Event

For more information, please contact Thessa Hoekstra at 616.475.1326



Our 2020 Support

ArtFeast \$ _____
 Golf Outing \$ _____
 Annual Luncheon \$ _____
 Other Donation \$ _____
 TOTAL CONTRIBUTION FOR 2020 ... \$ _____

Thank you for supporting Exalta Health.

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

Sponsor Information

Organization Name: _____

Name as you wish it to appear on event materials if different than above:

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Email: _____


Logo: Please send your logo in the following formats to
cmackey@exaltahealth.org: eps, jpeg, png

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: _____
 Address: _____
 State: _____ Zip: _____
 Expiration Date: _____ Security Code: _____
 (please print clearly) (3-digit code on back of card)

For more information, please contact Thressa Hoekstra at 616.475.1326