

# Golfing



**AUGUST | 2021**

## Sponsorship Opportunities

<b>ACE \$5000</b>	One golf foursome (lunch & dinner included)
	Recognition day of event as a Title Sponsor: Name/logo prominently displayed in all printed materials including the Sponsor Leaderboard, Tee sign at hole on course, and event program.* Name/logo on golf carts
	Include Organization materials/gift in golfer registration bags
	Additional Recognition: Name/logo prominently displayed in event brochure,* media release, event website, social media and Exalta Health newsletter*
<b>EAGLE \$3000</b>	One golf foursome (lunch & dinner included)
	Recognition day of event: Name/logo prominently displayed on our Sponsor Leaderboard, Tee sign at hole on course and event program*
	Include Organization materials/gift in golfer registration bags
	Additional Recognition: Name/logo prominently displayed in event brochure,* media release, event website, social media and Exalta Health newsletter*
<b>BIRDIE \$1500</b>	One golf foursome (lunch & dinner included)
	Recognition day of event: Name on our Sponsor Leaderboard, Name/logo on Tee sign at hole on course and event program*
	Additional Recognition: Name/logo on event website, social media and Exalta Health newsletter*
<b>PAR \$1000</b>	Two golfers (lunch & dinner included)
	Recognition day of event: Name/logo on Tee sign at hole on course and event program*
	Additional Recognition: Name on social media and Exalta Health newsletter*
<b>TEE \$500</b>	Recognition day of event: Name/logo on Tee sign at hole on course and event program*
	Additional Recognition: Name on social media and Exalta Health newsletter*

\* Subject to print deadlines.

**For more information, please contact Sandra Muthyala at 616.475.8475**

# Commitment



EXALTA HEALTH 2021

## Sponsorship Commitment

### ArtFeast

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

### Annual Luncheon

- PLATINUM \$5000
- GOLD \$3000
- SILVER \$1500
- TABLE SPONSOR \$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 Sandra Muthyala at 616.475.8475



**Our 2021 Support**

ArtFeast ..... \$ \_\_\_\_\_  
Golf Outing ..... \$ \_\_\_\_\_  
Annual Luncheon ..... \$ \_\_\_\_\_  
Other Donation ..... \$ \_\_\_\_\_  
TOTAL CONTRIBUTION FOR 2021 ... \$ \_\_\_\_\_

**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 Thressa Hoekstra at [thoekstra@exaltahealth.org](mailto:thoekstra@exaltahealth.org): eps, jpeg, png

**Method of Payment**

- ONLINE PAYMENT & REGISTRATION  
[exaltahealth.org/events](http://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 Sandra Muthyala at 616.475.8475**



## GET INVOLVED

### Pray

"Now I urge you... to strive together with me in your prayers to God..."

**Romans 15:30**

### Promote

Share Exalta Health with potential patients, partners, volunteers and supporters.

### Donate

- By mail or online at [exaltahealth.org](http://exaltahealth.org)
- Cash, securities or In-kind contributions
- Giving through wills, trusts or annuities

### Donate

Contact Sandra Muthyala  
*Advancement Director*  
616.475.8475  
[smuthyala@exaltahealth.org](mailto:smuthyala@exaltahealth.org)

## Exalta Health

2060 Division Ave S  
Grand Rapids, MI 49507

### Clinic Locations

#### Clinica Centro

2060 Division Ave S  
Grand Rapids, MI 49507

#### South Clinic at Streams of Hope

280 60th Street SE  
Grand Rapids, MI 49548

Phone 616.475.8446

Fax 616.475.1272

Email [contactus@exaltahealth.org](mailto:contactus@exaltahealth.org)

[exaltahealth.org](http://exaltahealth.org)

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