

Luncheon



OCTOBER | 2021

Sponsorship Opportunities

PLATINUM \$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 two tables of 8
GOLD \$3000	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
SILVER \$1500	Name displayed on event table and in event program*
	Opportunity to host a table of 8
TABLE SPONSOR \$1000	Recognition on social media and event program*
	Opportunity to host a table of 8
BRONZE \$500	Name displayed on event table

* 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

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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: 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 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
- Cash, securities or In-kind contributions
- Giving through wills, trusts or annuities

Donate

Contact Sandra Muthyala
Advancement Director
616.475.8475
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

exaltahealth.org

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