



*Meaningful  
Medicine*  
LUNCHEON

**Annual Corporate Partner  
Sponsor Prospectus**

OPPORTUNITIES FOR FRIENDS AND PARTNERS

## Sponsorship Opportunities and Benefits

The support of our Luncheon sponsors reflects philanthropic commitment and helps build the future of healthcare in our community. Sponsors show care and engagement and receive generous recognition and notable benefits.

<b>Sponsor Benefits</b>	<b>Presenting \$20,000</b>	<b>Premier \$15,000</b>	<b>Platinum \$10,000</b>	<b>Gold \$5,000</b>	<b>Silver \$2,500</b>	<b>Bronze \$1,000</b>
“Top Billing” and recognition on promotional event materials	✓					
Company CEO speaking opportunity during the luncheon	✓					
Display of your name or corporate identity at each table	✓					
Display of your name or corporate identity in prominent locations throughout the event	✓	✓				
Verbal recognition from the stage	✓	✓	✓			
Display of your name or corporate identity at your table	✓	✓	✓	✓	✓	
Slide ad on rotation at event	<b>Full</b>	<b>3/4</b>	<b>1/2</b>	<b>1/4</b>		
Number of reserved seats	<b>10</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>2</b>
Name/Logo recognition on event signage and slide presentation	✓	✓	✓	✓	✓	✓
Logo recognition on EvergreenHealth Foundation’s event website	✓	✓	✓	✓	✓	✓
Recognition in EvergreenHealth’s Annual Report and on Donor Wall	✓	✓	✓	✓	✓	✓
Exhibitor Gallery Booth Open before and after luncheon	✓	✓	✓	✓	✓	✓

# Meaningful Medicine

LUNCHEON

## 2024 SPONSORSHIP CONFIRMATION

Thank you for joining EvergreenHealth as we continue to impact the health and wellbeing of our community. We are grateful for our Meaningful Medicine sponsors and partners. Please sign and return this confirmation for EvergreenHealth Foundation records.

\$20,000 Presenting

\$15,000 Premier

\$10,000 Platinum

\$5,000 Gold

\$2,500 Silver

\$1,000 Bronze

Yes, we will host a booth in the  
**Exhibitor Showcase**

## COMPANY WILL APPEAR ON LUNCHEON MATERIALS

**AS:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

## SOCIAL MEDIA HANDLES

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

## PAYMENT METHOD

Check enclosed

Check to follow

Please Invoice. Month: \_\_\_\_\_

VISA

MasterCard

Discover

American Express

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name Printed on Card: \_\_\_\_\_

CVV: \_\_\_\_\_

## MAIL CHECK

EvergreenHealth Foundation 12040 NE 128<sup>th</sup> Street, MS #5, Kirkland, WA 98034-3013

For full sponsorship benefits, please pledge by August 30, 2024. For more information contact Shauna Smith  
425-899-1908 [smsmith@evergreenhealth.com](mailto:smsmith@evergreenhealth.com)