



Neighborhood Health 2019 Annual Breakfast

September 26, 2019

City Winery Nashville

7:30 a.m.

Sponsorship Opportunities

Help our community lead healthier and happier lives!

With your support, Neighborhood Health will continue to help over 29,000 community members lead healthier and happier lives.

Your donation will help provide residents of Middle TN with medical, dental, behavioral health care and supportive services, without regard to their ability to pay.

<p>Hero \$10,000</p> <ul style="list-style-type: none"> ◆ 8 Complimentary Reserved tickets to the event ◆ Inclusion in all press releases and advertising ◆ Premier logo visibility on Invitations and Evites ◆ Premier logo placement on Event Webpage ◆ Sponsor acknowledgement signage at the event ◆ Public recognition during speaking program 	<p>Advocate \$2,500</p> <ul style="list-style-type: none"> ◆ 4 Complimentary Reserved tickets to the event ◆ Company name & logo on Formal Invitations and Evites ◆ Company name & logo on Event Webpage ◆ Sponsor acknowledgement signage at the event
<p>Champion \$5,000</p> <ul style="list-style-type: none"> ◆ 8 Complimentary Reserved tickets to the event ◆ Inclusion in all press releases and advertising ◆ Logo visibility on Formal Invitations and Evites ◆ Logo placement on Event Webpage ◆ Sponsor acknowledgement signage at the event ◆ Public recognition during speaking program 	<p>Friend \$1,000</p> <ul style="list-style-type: none"> ◆ 2 Complimentary Reserved tickets to the event ◆ Company name on Formal Invitations and Evites ◆ Company name on Event Webpage ◆ Sponsor acknowledgement signage at the event

Yes, we would like to sponsor Neighborhood Health's Annual Breakfast!

\$10,000 \$5,000 \$2,500 \$1,000 Other \$ _____

Organization *(Please list as you would like to be listed in program)* _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____

Email _____ (Attendee names will be requested at a later date)

Payment Options:

CHECK: Enclosed is my check in the amount of \$ _____ *(Payable to: Neighborhood Health)* CK# _____

CREDIT CARD: Charge \$ _____ to my: Visa MasterCard American Express

Account # _____ Exp: _____ CW2CODE: _____

For further event and sponsorship information:

Lorene Perkins 615.227.3000 x1000 or

lperkins@neighborhoodhealthtn.org

Make checks payable to:

Neighborhood Health

2711 Foster Avenue, Nashville, TN 37210

Sponsorship is a tax deductible donation.

Information provided is for Neighborhood Health event purposes and will not be shared.

Thank you for supporting Neighborhood Health!

2711 Foster Avenue, Nashville TN 37210 ● 615.227.3000 ● www.neighborhoodhealthtn.org

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