Neighborhood Health Annual Breakfast



September 28, 2023 Belmont University 7:30 - 9:00 a.m.

## Sponsorship Opportunities

Help our community lead healthier and happier lives!

With your support, Neighborhood Health will continue

to help over 30,000 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.

Hero \$10,000	Advocate \$2,500			
♦ 8 Complimentary tickets to the event	♦ 4 Complimentary tickets to the event			
<ul> <li>Inclusion in all press releases and advertising</li> </ul>	◆ Company name & logo on Formal Invitations and Evites			
<ul> <li>Premier logo visibility on Invitations and Evites</li> </ul>	◆ Company name & logo on Event Webpage			
<ul> <li>Premier logo placement on Event Webpage</li> </ul>	<ul> <li>Sponsor acknowledgement signage at the event</li> </ul>			
<ul> <li>Sponsor acknowledgement signage at the event</li> </ul>				
<ul> <li>Public recognition during speaking program</li> </ul>				
Champion \$5,000	Friend \$1,000			
Scomplimentary tickets to the event	<ul> <li>2 Complimentary tickets to the event</li> </ul>			
<ul> <li>Inclusion in all press releases and advertising</li> </ul>	<ul> <li>Company name on Formal Invitations and Evites</li> </ul>			
<ul> <li>Logo visibility on Formal Invitations and Evites</li> </ul>	<ul> <li>Company name on Event Webpage</li> </ul>			
<ul> <li>Logo placement on Event Webpage</li> </ul>	<ul> <li>Sponsor acknowledgement signage at the event</li> </ul>			
<ul> <li>Sponsor acknowledgement signage at the event</li> </ul>				
<ul> <li>Public recognition during speaking program</li> </ul>				

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

□ Hero \$10,000 □Champion \$5,000	□\$2,500 Advocate	□\$1,000 Friend	Other	
Organization (Please list as you would like to be listed i	n the program)			
Address	City		State	Zip
Contact: Name	Title	Pho	ne	
Email		(Attendee names wi	ill be reques	ted at a later date)
Payment Options: CHECK: Enclosed is my check in the amount of \$ _	(Pay	able to: Neighborhood He	<i>alth)</i> Check N	lumber
CREDIT CARD: Charge \$to	my: 🛛 Visa 🖾 Maste	rCard DAmerican Ex	press	
Account #	Exp:	CW2CODE:		
Signature	Date			
For further event and sponsorship information	on: M	ake checks payable to:	ŗ	
Jennifer Flanagan 615.982.1240 or		Neighborhood Heal	th	
jflanagan@neighborhoodhealthtn.org		2711 Foster Avenue	, Nashville,	TN 37210
Sponsorship is a tax deductible donation. Tax ID Number 62-1032792 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,ext 1000 • www.neighborhoodhealthtn.org