

Saturday, January 30, 2027
8 a.m.
Resurrection West, Olathe, KS

2027 SNOWFLAKE BENEFITING HEALTH PARTNERSHIP CLINIC STREAK



PREMIER SPONSOR: \$15,000

AdventHealth



PRESENTING SPONSOR: \$10,000

- Acknowledged as Presenting Sponsor Logo on T-shirt
- Prominent logo on promotional materials, signage throughout Walk and Website
- Logo Inclusions in eBlasts
- Article in newsletter
- 1 Reserved Table (10 seats)
- Opportunity to contribute logo items to gift bags
- Opportunity to collaborate on HPC website blog
- Event Slide Show recognition
- Verbal Acknowledgment in Welcome Remarks
- Speaking opportunity during Team Captain Rally
- Opportunity to feature company pull up banner Display of company info on table

FIRESIDE SPONSOR: \$5,000

- Prominent logo on promotional materials, signage throughout Walk and Website
- Logo Inclusions in eBlasts
- Article in Newsletter
- 5 Reserved Seats at Table
- Opportunity to contribute logo items to gift bags
- Opportunity to collaborate on HPC website blog
- Event Slide Show recognition
- Verbal acknowledgement in Welcome Remarks
- Display of company info on table

WINTRY SPONSOR: \$2,500

- Logo on signage throughout Walk and Website
- Logo Inclusions in eBlasts
- 4 Reserved Seats at Table
- Opportunity to contribute logo items to gift bags
- Event Slide Show recognition
- Verbal recognition at event
- Display of company info on table

COZY COMMUNITY SPONSOR: \$1,000

- Logo on signage throughout Walk and Website
- Logo Inclusions in eBlasts
- 2 Reserved Seats at Table
- Opportunity to contribute logo items to gift bags
- Event Slide Show recognition
- Verbal recognition at event

HOT COCOA & COFFEE BAR SPONSOR: \$500

- Exclusive Signage
- Name Inclusion in eBlasts
- Opportunity to contribute logo items to gift bags Verbal recognition at event

FROSTY SPONSOR: \$250



- Name Recognition in eBlast



*All Sponsors receive recognition on HPC's website and included in press releases and social media. *Please Note: Some benefits are subject to print deadlines.*



**TO SPONSOR, COMPLETE
THIS FORM, OR CONTACT:**

Catherine Rice

913 730 3680 | crice@hpcks.org



 **Health
Partnership**
CLINIC



PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- | | |
|---|---|
| ☐ PRESENTING SPONSOR: \$10,000 | ☐ HOT COCOA & COFFEE BAR SPONSOR: \$500 |
| ☐ FIRESIDE SPONSOR: \$5,000 | ☐ FROSTY SPONSOR: \$250 |
| ☐ WINTRY SPONSOR: \$2,500 | |
| ☐ COZY COMMUNITY SPONSOR: \$1,000 | |



SPONSOR INFORMATION:

SPONSOR NAME: _____

(Company, organization, or individual name as it should appear in all published recognition)

CONTACT NAME: _____

ADDRESS: _____

CITY | STATE | ZIP: _____

EMAIL: _____ CELL: _____ WORK PHONE: _____

- ☐ **INVOICE** | Please send an invoice for sponsorship payment.
- ☐ **CHECK** | Enclosed is my check made out to Health Partnership Clinic.
- ☐ **CREDIT CARD** | Information provided below or call Nikki Balden at 913-433-7592.

Name on Card: _____ Card Type: ☐ VISA ☐ MC ☐ AMEX ☐ DC Billing

Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ CVV Number: _____ Exp. Date: _____

MAIL TO: Health Partnership Clinic | Development Office | 405 S. Clairborne, Suite 2 | Olathe, KS 66062

QUESTIONS ABOUT SPONSORSHIPS: Catherine Rice | crice@hpcks.org | 913-730-3680

