



Legacy of Compassionate Care

2nd Annual Community Impact Breakfast | Sponsorship Packet | 9/15/22



About the Event:

Agenda Overview:

- Mix and Mingle Catered Breakfast
- Captivating Keynote
- Community Leader Compassion Awards
- Patient Testimonies
- Impactful messages about healthcare access in Pasco & Hernando Counties

Date: Thursday, September 15th | 7:30am – 9am

Anticipated Attendance: 200

Location: Hyatt Place Wesley Chapel, Lutz, FL

Audience: Anyone with a passion of health services and making health care accessible to all. There is no cost to attend. Guests will have an opportunity to make a gift meaningful to them.

Funds support: The building of the new health center



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	Presenting Sponsor \$25,000	Guardian Keynote Sponsor \$15,000	Advocate Breakfast Sponsor \$10,000	Champion Awards Sponsor \$5,000	Hero Sponsor \$2,500	Supporting Sponsor \$1,000	Friend Sponsor \$500
Groundbreaking and/or Ribbon Cutting Ceremonies	VIP Invitation	VIP Invitation	VIP Invitation	Invitation	Invitation	Invitation	
5 minute Speaking Opportunity	Y						
Community Impact Breakfast tickets	VIP Table for 10	VIP Reserved Seating for 8	VIP Reserved seating for 6	Reserved Seating for 5	4 tickets to event	3 tickets to event	2 tickets to event
Recognized by Emcee at event	As Presenting Sponsor	During Introduction of Keynote	As Breakfast Sponsor	Before award presentation			
'Presented by Logo' on event invitation	Y						
Event Program	Logo with bio	Logo	Logo	Logo	Name	Name	Name
Day of Event signage	Logo	Logo	Logo	Logo	Name	Name	
Promo item in event gift bag	Y	Y	Y	Y	Y		
Featured in event slideshow	Logo	Logo	Logo	Logo	Name	Name	Name
Featured on Premier's website	Logo, name hyperlink & 50 word statement	Logo, name hyperlink & 50 word statement	Logo, name & hyperlink	Logo & hyperlink	Name & hyperlink		
Featured in quarterly newsletter until Campaign concludes	Logo	Logo	Logo	Name	Name	Name	
Press release mention	Y	Y					
Facebook Header Image	Y						
Social media mentions Facebook, LinkedIn, Twitter	Unlimited	12	8	5	2		
Sponsor name prominently displayed on donor legacy wall of new clinic	Y	Y					
Annual Report Recognition	Prominent	Prominent	Prominent	Y	Y	Y	Y



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Sponsor Information: _____

Print Name: _____ Title: _____

Company Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Tagline/Company Description: _____

*** Please send hi-res company logo to Becky Bennett at rbennett@hcnetwork.org.*

Sponsorship Level:

- ☐ **\$25,000 Presenting Sponsor**
- ☐ **\$15,000 Guardian Keynote Sponsor**
- ☐ **\$10,000 Advocate Breakfast Sponsor**
- ☐ **\$5,000 Champion Awards Sponsor**
- ☐ **\$2,500 Hero Sponsor**
- ☐ **\$1,000 Supporting Sponsor**
- ☐ **\$500 Friend Sponsor**
- ☐ **\$_____ Donation**

Payment Schedule:

- ☐ **1 Installment** ☐ **2 Installments** (semi-annual) \$1,000 & up levels only
- ☐ **Circle One:** I wish to set up a payment plan over 1 2 3 years. \$10,000 & up only

Payment:

- ☐ Check enclosed ☐ Please send invoice ☐ Make a secure gift online at PremierHC.org/Donate
- Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx
- Name on Card: _____
- Card #: _____ Exp. _____ CVV: _____ Zip Code: _____

Signature: _____ Date: _____

- ☐ Please do not list name: this sponsorship is "Anonymous."

Please make checks payable to:
Premier Community HealthCare; Attn: Community Engagement Department,
P.O. Box 232, Dade City, FL 33526.