



5th Annual Community Impact Breakfast

8/27/25 – Spartan Manor, New Port Richey

Sponsorship Opportunities

	Presenting Sponsor \$20,000	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
'Presented by Logo' on event invitation and all marketing materials	✓						
5 minute Speaking Opportunity	✓						
Community Impact Breakfast tickets	Front Row VIP Table for 10	VIP Reserved Seating for 8	VIP Reserved Seating for 6	Reserved Seating for 4	4 tickets to event	2 tickets to event	1 tickets to event
Recognized by Emcee at event	As Presenting Sponsor	During Introduction of Keynote	As Breakfast Sponsor	Before award presentation			
Event Program	Logo with bio	Logo	Logo	Logo	Name	Name	Name
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, name & hyperlink	Name & hyperlink		
Press release mention	✓	✓					
Social media mention with	✓	✓	✓	✓	✓	✓	
Annual Report Recognition	Prominent	Prominent	Prominent	✓	✓	✓	✓



5th Annual Community Impact Breakfast | 8/27/25 – Spartan Manor, New Port Richey Sponsorship Form

Sponsor Information:

☐ Personal ☐ Corporate ☐ Foundation

Print Name: _____ Title: _____

Company Name: _____

Mailing Address: _____ City/Zip: _____

Phone: _____ Email: _____

Tagline/Company Description (optional): _____

***Please send hi-res company logo to PCHGCares@HCNetwork.org.*

Sponsorship Levels:

☐ **\$20,000 per year Presenting Sponsor**

(Multi-year Option)

• Number of Years (select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

• Years: _____, _____, _____, _____

☐ **\$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**

☐ **\$ _____ Custom Donation Amount**

Total Donation Amount: \$ _____

Payment Schedule:

(Beginning: 20_____, Total pledge completed by 20_____)

For multi-year pledges, a minimum of **\$20,000** must be paid by the end of each calendar year.

Please select one payment frequency:

☐ **One-Time** (Full amount paid at once)

☐ **Annually**

☐ **Semi-Annually** (every 6 months)

☐ **Quarterly** (March, June, September, December)

☐ **Monthly**

Payment:

☐ **Check** – Payable to Premier Community HealthCare (Memo Line: *Community Impact Breakfast Sponsor*)

☐ **Invoice Me** ☐ **EFT (Electronic Funds Transfer)** – Please attach a voided check and sign below

☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Card #: _____ Exp. _____ CVV: _____

By signing below, I/we commit to the sponsorship level and payment schedule selected above.

Signature: _____ **Date:** _____

Printed Name: _____

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

☐ Tribute Gift – This gift is made in Honor / Memory (*circle one*) of: Name: _____

Mailing and Contact Information

Please make checks payable to:

Premier Community HealthCare, Attn: Community Engagement Department, P.O. Box 232, Dade City FL 33526

Send completed form to: PCHGCares@HCNetwork.org. For more information please contact:

Cheryl Pollock, Chief Advancement & Community Engagement Officer

Office: 352-518-2000 ext.9012 Google Voice: 813-738-2309 Email: Cpollock@hcnetwork.org