

CORPORATE SPONSORSHIP

GUARDIAN \$20,000

- Profile in staff newsletter & on sponsorship webpage
- Social media announcement + 2 shout-outs
- Logo recognition in Annual Report
- Sponsorship feature in one of our media productions
- Private facility tour (up to 5 people) & lunch with executive staff

CHAMPION \$10,000

- Profile in staff newsletter & on sponsorship webpage
- Social media announcement + 1 shout-out
- Logo recognition in Annual Report
- Sponsorship feature in one of our media productions
- Private facility tour (up to 5 people) with executive staff

CHALLENGER \$5,000

- Logo recognition in staff newsletter & on sponsorship webpage
- Name recognition in Annual Report
- 1-week spotlight on sponsorship webpage
- Group facility tour

DEFENDER \$2,500

- Logo recognition in staff newsletter & on sponsorship webpage
- Name recognition in Annual Report
- Group facility tour

SUPPORTER \$1,000

- Name recognition in staff newsletter & on sponsorship webpage
- Name recognition in Annual Report
- Group facility tour

All sponsorship levels also include a social media announcement to publicly recognize you as a Hillsdale Hospital Corporate Sponsor. **Questions?** Contact us at donor@hillsdalehospital.com or call Kyrsten Newlon, Donor Development & Communications Manager, at **(517) 437-5236**.

HILLSDALE STRONG.
Hillsdale First.



BECOME A SPONSOR

Questions? We're here to help! Contact us at donor@hillsdalehospital.com or call Kyrsten Newlon, Marketing & Donor Development Coordinator, at (517) 437-5236.

Company Contact Information

Corporate Partner Name: _____

Primary Contact Name: _____

Phone: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Select a Partnership Level

Supporter: \$1,000

Challenger: \$5,000

Guardian: \$20,000

Defender: \$2,500

Champion: \$10,000

Create My Own (please provide details below)

Comments/specific requests:

Payment Options

Choose your payment method.

Credit Card AMEX Discover MasterCard VISA

CC# □□□□-□□□□-□□□□-□□□□

Exp. □□/□□

CCV/CID □□□

Name on card: _____

Check Payable to Hillsdale Hospital.

Please invoice me!

Check # _____ Preferred email: _____

Online Method: Fill out the form at hillsdalehospital.com/sponsorship.

Signature _____ Date _____

Return form to:

Hillsdale Hospital, Attn: Development
168 S. Howell Street
Hillsdale, Michigan 49242

