

Independent Health Foundation Sponsorship Form

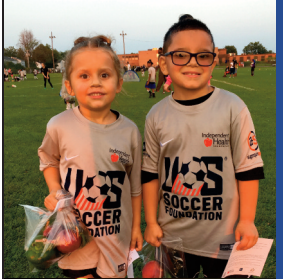


Sponsorship Levels:	Game Changer \$7,500	Wellness Warrior \$5,000	Health Hero \$3,500	Health Promoter \$1,000	Good Sport \$_____
Company mention on social media platforms					
Company logo and name mention at Foundation events					
Name mention on e-mail sent to over 1,000 Independent Health associates and executives					
Logo on Foundation annual report					
Company logo in member e-mail blast to more than 50,000 Independent Health members					
Company banner displayed at Foundation events (provided by sponsor)					
Complimentary event tickets					
Company recognition in First Night publication to 30,000 community members	1/4 PAGE AD	1/8 PAGE AD	NAME RECOGNITION		
Opportunity to provide company literature/merchandise at all events					
Name mention in article distributed to 150,000 members					
Recognition on Foundation website	LOGO RECOGNITION 1 YEAR	LOGO RECOGNITION 1 YEAR	LOGO RECOGNITION 1 YEAR	COMPANY NAME 1 YEAR	
Opportunity to improve health of WNY community					
We commit to making a difference in our community (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are interested in customizing a sponsorship package and would like to be contacted by the Independent Health Foundation.



275,000 people
PARTICIPATED
IN 1,700
 health & wellness
EVENTS



Nearly
15,000 CHILDREN
 engaged in
HEALTHY
BEHAVIORS
 through
Signature Programs



386
 VOLUNTEERS
 worked
1,123 HOURS
 at
23 FOUNDATION EVENTS



Sponsorship Benefits:

- Align your business with an organization that is health and wellness focused.
- Demonstrate your commitment to a healthy, vibrant community.
- Provide volunteer opportunities for your employees at community events.
- Enhance your organization's public image.

Please complete this form by May 31, 2018 and mail, fax or scan to:

Independent Health Foundation
 511 Farber Lakes Dr., Buffalo, NY 14221 | Fax: (716) 635-3984 | foundation@independenthealth.com

Please indicate sponsorship level:

Sponsorship package _____ Package amount \$ _____

I want to customize my sponsorship package

Please choose billing method:

Please bill me at a later date

Enclosed is a check made payable to:
 Independent Health Foundation, Tax ID#: 16-1417199

For credit card transactions, visit www.independenthealth.com/foundationdonation

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signature: _____ Date: _____