



COMMUNITY HEALTH INITIATIVE
OF ORANGE COUNTY

6th Annual

BUILDING A LEGACY

Tuesday, October 12, 2021 – In-Person Sponsor Reception

Wednesday, October 13, 2021 – Virtual Celebration

SPONSORSHIP OPPORTUNITIES

- **PRESENTING SPONSOR - \$10,000** (*available to only 2 sponsors*)
 - 30-second spotlight during Virtual Celebration program
 - Verbal acknowledgement during In-Person Sponsor Reception and Virtual Celebration
 - Presenting Sponsor recognition on all event marketing
 - Logo featured on CHIOC website for 1 year
 - Social media and newsletter recognition
 - Prominent recognition in post-event publicity
 - 4 tickets to In-Person Sponsor Reception

- **HEALTH CHAMPION SPONSOR - \$5,000**
 - Verbal acknowledgement during In-Person Sponsor Reception and Virtual Celebration
 - Prominent sponsor recognition on all event marketing
 - Logo featured on CHIOC website for 1 year
 - Logo displayed during event
 - Social media and newsletter recognition
 - Recognition in post-event publicity
 - 4 tickets to In-Person Sponsor Reception

- **HEALTH LEADER SPONSOR - \$2,500**
 - Logo featured on CHIOC website for 6 months
 - Recognition during In-Person Sponsor Reception and Virtual Celebration
 - Social media recognition
 - Recognition in post-event publicity
 - 2 tickets to In-Person Sponsor Reception

- **HEALTH ADVOCATE SPONSOR - \$ 1,000**
 - Logo featured on CHIOC website for 3 months materials
 - Recognition during In-Person Sponsor Reception and Virtual Celebration
 - Social media recognition
 - Recognition in post-event publicity
 - 2 tickets to In- Person Sponsor Reception

- **I'M UNABLE TO SPONSOR AT THIS TIME, BUT WOULD LIKE TO MAKE A GIFT OF**
\$ _____

FOR MORE INFORMATION, PLEASE CONTACT GEORGINA MALDONADO.

Email: gmaldonado@chioc.org • Phone: 714.619.4044



COMMUNITY HEALTH INITIATIVE
OF ORANGE COUNTY

6th Annual

BUILDING A LEGACY

Tuesday, October 12, 2021 – In-Person Sponsor Reception

Wednesday, October 13, 2021 – Virtual Celebration

PAYMENT INFORMATION

**Sponsorship commitment must be submitted by
Wednesday, September 30, 2021 in order to receive full benefits.*

Contact Name _____

Title _____

Organization (*as it should be recognized*) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

My gift of \$ _____ will be made by:

Check – *payable to Community Health Initiative of Orange County*

Visa

MasterCard

American Express

Discover

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

*For sponsorship reception tickets, \$25 represents the fair market value of the reception.
This portion is not deductible as a charitable contribution. CHIOC is a 501(c)3 non-profit organization.
Our federal tax ID number is 47-2671013.*

PLEASE EMAIL, MAIL, OR FAX TO GEORGINA MALDONADO

Community Health Initiative of Orange County

1505 E. 17th Street, Suite 121

Santa Ana, CA 92705

Email: gmaldonado@chioc.org

Phone: 714.619.4044