



COMMUNITY HEALTH INITIATIVE
OF ORANGE COUNTY

7th Annual BUILDING A LEGACY Celebration

Wednesday, October 5, 2022 – 4:30-6:30 p.m.

UCI University Club

SPONSORSHIP OPPORTUNITIES

- **PRESENTING SPONSOR - \$10,000** (*available to only 2 sponsors*)
 - 8 VIP Tickets to the Building a Legacy Event
 - Presenting Sponsor recognition on all event marketing
 - Verbal acknowledgement during Event Program
 - Logo featured on CHIOC website for 1 year
 - Social media and newsletter recognition
 - Prominent recognition in post-event publicity

- **HEALTH CHAMPION SPONSOR - \$5,000**
 - 6 Reserved Tickets to the Building a Legacy Event
 - Prominent sponsor recognition on all event marketing
 - Verbal acknowledgement during Event Program
 - Logo featured on CHIOC website for 1 year
 - Logo displayed during event
 - Social media and newsletter recognition
 - Recognition in post-event publicity

- **HEALTH LEADER SPONSOR - \$2,500**
 - 4 Tickets to the Building a Legacy Event
 - Logo featured on CHIOC website for 6 months
 - Recognition at event and on social media
 - Recognition in post-event publicity

- **HEALTH ADVOCATE SPONSOR - \$1,500**
 - 2 Tickets to the Building a Legacy Event
 - Logo featured on CHIOC website for 3 months materials
 - Recognition at event and on social media
 - Recognition in post-event publicity

- **HEALTH PARTNER SPONSOR - \$500**
 - 1 Ticket to the Building a Legacy Event
 - Logo featured on CHIOC website for 3 months materials
 - Recognition at event and on social media
 - Recognition in post-event publicity

- I'M UNABLE TO SPONSOR NOW, BUT WOULD LIKE TO MAKE A GIFT OF \$ _____



COMMUNITY HEALTH INITIATIVE
OF ORANGE COUNTY

7th Annual BUILDING A LEGACY Celebration

Wednesday, October 5, 2022 – 4:30-6:30 p.m.

UCI University Club

PAYMENT INFORMATION

Sponsorship commitment must be submitted by **Friday, August 26, 2022
in order to receive full benefits.*

Contact Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Phone _____

Email _____

We/I would like to be recognized as _____

- Please list me as Anonymous

My gift of \$ will be made by:

- Check – payable to Community Health Initiative of Orange County
- Credit Card
 - Visa MasterCard American Express Discover

Credit Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

Fair market value for in-person event is \$50 per ticket.

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