



COMMUNITY HEALTH INITIATIVE
OF ORANGE COUNTY

8th Annual Building A Legacy Celebration
Wednesday, October 4, 2023 – 5:00-7:00 p.m.
Ebell Club of Santa Ana
718 Mortimer Street, Santa Ana, CA

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 the 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 the event program
 - Logo featured on CHIOC website for 1 year
 - 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 Building a Legacy Event
 - Logo featured on CHIOC website for 3 months
 - 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
 - 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 \$_____**



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PAYMENT INFORMATION

**Sponsorship commitment must be submitted by Thursday, August 31, 2023, to receive full benefits.*

Contact Name _____

Title _____

Organization _____

Address _____

City/ST/ZIP _____

Phone _____ Email _____

We/I would like to be recognized as _____

- ☐ Please list us/me as Anonymous

My gift of \$_____ will be made by:

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

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

Please send completed form 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