



HEALTHCARE WITHIN REACH

On the Road to Wellness
Community/Corporate Sponsorship Guide

	Clean Bill of Health Sponsor	Love Your Heart Sponsor	Get Screened Sponsor	Exercise the Mind & Body Sponsor	Stop Smoking Sponsor	Don't Hesitate - Vaccinate Sponsor	Eat Healthy Sponsor
SPONSORSHIP BENEFITS	\$10,000	\$5,000	\$2,500	\$1,000	\$500	\$250	\$100
Co-Branded Event(s) with advertising, table and your materials and banner	4 events	2 events	1 event				
Recognition in event eblasts	✓	✓	✓	✓			
Logo on ehs.org giving webpage	✓	✓	✓	✓	✓		
Inclusion on social media	✓	✓	✓	✓	✓	✓	
Recognition on event banner	✓	✓	✓	✓	✓	✓	✓
Window Decal showing your support	✓	✓	✓	✓	✓	✓	✓

Please note that these sponsorship packages are customizable. We can create a package that works for your specific needs and budget. Please contact Nancy Leghart at nleghart@ehs.org for more information.



HEALTHCARE WITHIN REACH
On the Road to Wellness
 Community/Corporate Sponsorship Form

First Name _____

Last Name _____

Address _____

Company Name _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

I would like to support the community by becoming a:

- Clean Bill of Health Sponsor (\$10,000)**
- Love Your Heart Sponsor (\$5,000)**
- Get Screened Sponsor (\$2,500)**
- Exercise the Mind & Body Sponsor (\$1,000)**
- Stop Smoking Sponsor (\$500)**
- Don't Hesitate - Vaccinate Sponsor (\$250)**
- Eat Healthy Sponsor (\$100)**

Enclosed is my tax-deductible gift of \$ _____

Please make checks payable to: Episcopal Health Services, Inc. and return with this form in the enclosed envelope. Mail to: Nancy Leghart, Director of Foundation 377 Oak Street, Suite 209/Garden City, NY 11530. You can also become a sponsor at: <http://weblink.donorperfect.com/MobileHealthUnit>.

To pay by credit card, please provide the following:

Name on Card: _____ Zip Code: _____

Credit Card: Visa Mastercard Discover Amex

Card Number: _____ Expiration Date: _____

CID Code _____ Signature: _____