



2016

SPONSORSHIP OPPORTUNITIES

*Become a Partner in
Philanthropy by sponsoring
Sun Health Foundation*



What is a Partner in Philanthropy?

Partners in Philanthropy do twice as much good by making one payment at the beginning of the year to sponsor the Swinging in the Sun for Charity Golf Tournament in March and the Healthy SUNsations Gala in November.

Golf + Gala = A gift that goes twice as far

Why become a Partner in Philanthropy?

- Sun Health Foundation puts your donations to work in programs that champion healthy living, medical research and superior health care.
- Your generosity helps support life-giving and life-saving programs and services at Banner Boswell & Banner Del E. Webb medical centers, Banner Sun Health Research Institute, the Sun Health Center for Health & Wellbeing and in Sun Health's senior living Life Care communities.
- Your donations stay in the community and the results can be seen in action.
- Meet like-minded professionals who share your passion for philanthropy.

Who are Partners in Philanthropy?

Partners include vendors, corporations, community organizations, and individuals interested in supporting healthy living, research and superior health care in the West Valley.

Additional Information

Please contact **Elizabeth Walton** at **623-832-5734** or **elizabeth.walton@sunhealth.org** for more information on becoming a Partner in Philanthropy.

14719 W. Grand Ave. | Surprise, AZ 85374
Phone: (623) 832-5330 | Fax: (623) 832-4112
Email: info@sunhealthfoundation.org
www.SunHealthFoundation.org

As a Partner in Philanthropy you'll receive:

- Community recognition
- Company logo/brand featured on event collateral material
- Wellness benefits
- Tickets to both events:

Swinging in the Sun for Charity Golf Tournament



March 2016

Healthy SUNsations Gala



November 2016

<i>Sponsorship Benefits</i>	<i>Platinum</i> \$35,000	<i>Gold</i> \$25,000	<i>Silver</i> \$15,000	<i>Bronze</i> \$5,000
MARKETING				
Company name and logo prominently displayed at Sun Health Foundation events	*	*	*	*
Company name and logo on major event collateral	*	*	*	*
Logo displayed on Sun Health Foundation website	*	*	*	*
Link to company website on Sun Health Foundation events web pages	*	*	*	*
WELLNESS				
Gold Membership at the Sun Health Center for Health & Wellbeing	8	4	2	
Customized health education program(s) for employees	2	1		
Customized worksite wellness program assessment	*			
GALA				
Gala tickets	2 Tables, VIP	1 Table, VIP	1 Table	1 Table
Onstage recognition during opening remarks	*			
Special logo recognition	Step & Repeat, Table Signs	Step & Repeat	Cocktail Napkins	
Program promotional ad space	Full Page, Inside Cover	Full Page	Half Page	Quarter Page
GOLF TOURNAMENT BENEFITS				
Foursome(s), including practice balls	2	2	1	1
Recognition at the awards presentation	*	*		
Sponsorship of the Million Dollar Shoot Out	*			
Sponsorship of a key contest – Long Drive, Putting, Chipping		*		
Tee & Green sponsorship of one hole			*	*
Program promotional space	Full Page, Inside Cover	Full Page	Half Page	Quarter Page

<i>Additional Underwriting Opportunities</i>	
GALA SUPPORTER - \$2,500	GOLF TOURNAMENT SUPPORTER - \$2,500
Decor Entertainment Video Wine	Beverage Cart Golf Cart Lunch Water Bottle
GALA SUPPORTER - \$1,000	GOLF TOURNAMENT SUPPORTER - \$1,000
Photography Signage	Photography Signage

Sponsor Reservation

List name below exactly as it is to appear for recognition purposes.

Name _____

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Choose your sponsorship level:

- Platinum Sponsor **\$ 35,000**
- Gold Sponsor **\$ 25,000**
- Silver Sponsor **\$ 15,000**
- Bronze Sponsor **\$ 5,000**
- Supporter* **\$ 2,500**
- Supporter* **\$ 1,000**

*Supporters, please choose one underwriting opportunity:

Gala Supporters

\$2,500

- Decor
- Entertainment
- Video
- Wine

\$1,000

- Photography
- Signage

Golf Tournament Supporters

\$2,500

- Beverage Cart
- Golf Cart
- Lunch
- Water Bottle

\$1,000

- Photography
- Signage

TOTAL COMMITMENT AMOUNT \$ _____

Please make checks payable to: *Sun Health Foundation*

- MasterCard VISA American Express Discover Card

Card number: _____

Signature: _____ Expiration Date: _____



THANK YOU FOR YOUR COMMITMENT

Please return this form to:

Sun Health Foundation
14719 W. Grand Ave.
Surprise, AZ 85374