



HEALTH PARTNERSHIP OPENING DOORS LUNCHEON SPONSORSHIP OPPORTUNITIES

Thursday, April 20, 2023 | 11:30 a.m. | Olathe Conference Center, Embassy Suites

QUESTIONS? CONTACT dsparks@hpcks.org

PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- | | |
|--|--|
| <input type="checkbox"/> PLATINUM: \$10,000 | <input type="checkbox"/> BRONZE: \$1,500 |
| <input type="checkbox"/> GOLD: \$5,000 | <input type="checkbox"/> LUNCHEON SPONSOR: \$1,000 |
| <input type="checkbox"/> SILVER: \$2,500 | <input type="checkbox"/> INDIVIDUAL TICKET: \$100 |
| <input type="checkbox"/> I/We cannot attend, but would like to make a fully tax-deductible contribution of \$ _____ to Health Partnership Clinic, in honor of _____. | |
| <input type="checkbox"/> I/We decline any goods or services in exchange for sponsorship and will not be attending. | |

SPONSOR INFORMATION:

SPONSOR NAME: _____
Company, organization, or individual name as it should appear in all published recognition.

CONTACT NAME: _____

ADDRESS: _____

CITY | STATE | ZIP: _____

EMAIL: _____ PHONE: _____

- INVOICE | Please send an invoice for sponsorship payment.
- CHECK | Enclosed is my check made out to Health Partnership Clinic.
- CREDIT CARD | Information provided below.

NAME ON CARD: _____ CARD TYPE: _____ VISA _____ MC _____ AMEX _____ DC

BILLING ADDRESS: _____

CARD NUMBER: _____ CVV NUMBER _____ EXP. DATE _____

MAIL TO: Health Partnership Clinic
Development Office
405 S. Clairborne, Suite 2
Olathe, KS 66062

QUESTIONS ABOUT SPONSORSHIP? CONTACT:
DEBBIE SPARKS, DEVELOPMENT AND MARKETING MANAGER
913-433-7592 | dsparks@hpcks.org

