

2025 SNOWFLAKE

BENEFITING HEALTH PARTNERSHIP CLINIC STREAK

Saturday, January 25, 2025 | 7:45 a.m. | Olathe Community Center | Stagecoach Park

PRESENTING SPONSOR: \$10,000

Acknowledged as Exclusive Presenting Sponsor
Co-Branded Logo on Drawstring Bag
Company Team to lead the start of the walk
Prominent logo on promotional materials, signage through Walk and Website
Logo Inclusions in eBlasts
Article in Newsletter
Reserved Table (8 seats)
Opportunity to contribute logo items to gift bags
Opportunity to collaborate on HPC website blog
Event Slide Show Recognition
Verbal Acknowledgment in Welcome Remarks
Speaking opportunity during pre-walk event program and at Team Captain Meeting
Opportunity to feature company pull up banner
Display of Company Info on Table

FIRESIDE SPONSOR: \$5,000

Prominent logo on promotional materials, signage through Walk and Website
Logo Inclusions in eBlasts
Article in Newsletter
Reserved Table (6 seats)
Opportunity to contribute logo items to gift bags
Opportunity to collaborate on HPC website blog
Event Slide Show Recognition
Verbal acknowledgment in Welcome Remarks
Display of Company Info on Table

WINTRY SPONSOR: \$2,500

Logo on Signage throughout Walk and Website
Logo Inclusions in eBlasts
Reserved 1/2 table (4 seats)
Opportunity to contribute logo items to gift bags
Event Slide Show Recognition
Verbal Recognition at Event
Display of Company Info on Table

COZY COMMUNITY SPONSOR: \$1,000

Logo on Signage throughout Walk and Website
Logo Inclusions in eBlasts
Reserved 2 seats at Table
Opportunity to contribute logo items to gift bags
Event Slide Show Recognition
Verbal Recognition at Event

HOT COCOA & COFFEE BAR: \$500

Exclusive Signage
Name Inclusion in eBlasts
Opportunity to contribute logo items to gift bags
Verbal Recognition at Event

FROSTY \$250

Name Recognition in eBlast

**Please Note: Some subject to print deadlines*

All Sponsors Receive: Recognition on HPC website, inclusion in press releases, social media recognition, and listing on Snowflake Streak poster.

TO SPONSOR, COMPLETE THIS FORM, OR CONTACT: Tobi Buchanan | 913-276-7012 | tbuchanan@hpcks.org



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PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- PRESENTING SPONSOR: \$10,000 HOT COCOA & COFFEE BAR: \$500
- FIRESIDE SPONSOR: \$5,000 FROSTY \$250
- WINTRY SPONSOR: \$2,500
- COZY COMMUNITY SPONSOR: \$1,000
- I/We cannot attend, but would like to make a fully tax-deductible contribution of \$ _____
to Health Partnership Clinic.

SPONSOR INFORMATION:

SPONSOR NAME: _____

(Company, Organization, or individual name as it should appear in all published recognition)

CONTACT NAME: _____

ADDRESS: _____

CITY | STATE | ZIP: _____

EMAIL: _____ CELL: _____ WORK 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: _____ City: _____ State: _____ Zip: _____

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:
Tobi Buchanan | 913-276-7012 | tbuchanan@hpcks.org

