

# 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](mailto: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](mailto:tbuchanan@hpcks.org)

