

SPRING INTO WELLNESS SPONSORSHIP LEVELS



Spring into Wellness Event

Join Mission of Mercy Arizona (MOM) for a one-mile family fun walk and health fair in celebration of our 25th anniversary in 2022. 100% of event proceeds will help bring doctors and vital medications to patients at our six mobile clinic sites. **Join us as a sponsor or vendor!**

Wellness Champion \$5,000

- Primary logo placement as Presenting Sponsor; inclusion in collateral, website, social media, email campaigns and press release
- Registration for a team of up to 50 participants (additional participants can be added for \$25 each)
- Direct link to company website from event website
- Vendor booth with table and 2 chairs provided day of event

Wellness Advocate \$3,000

- Logo inclusion in collateral, website, social media, email campaigns and press release
- Registration for a team of up to 25 participants (additional participants can be added for \$25 each)
- Direct link to company website on event website
- Vendor booth with table and 2 chairs provided day of event

Wellness Partner \$1,000

- Listing in event social media, email campaigns and press release
- Registration for a team of up to 10 participants (additional participants can be added for \$25 each)
- Direct link to company website on event website
- Vendor booth with table and 2 chairs provided day of event

Wellness Vendor \$75

- A table and 2 chairs at day of event
- Opportunity to sell product, provide information and/or offer an activity

Questions? Reach out to Shoshana Simones at ssimones@amissionofmercy.org or 602.861.2233.

Since 1997, Mission of Mercy Arizona (MOM) has been providing free healthcare and free prescription medications to the uninsured and underinsured in Maricopa County. Providing care to those who need it most is what we do best. More info: momaz.org



PARTNER WITH US!

Yes! Please count us in as a sponsor!

Company/Organization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Email: _____

Sponsorship Levels			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Champion \$5,000	Wellness Advocate \$3,000	Wellness Partner \$1,000	Wellness Vendor \$75

Please send an invoice

I have enclosed a check (Please make check payable to *Mission of Mercy AZ Health Partnership Fund*)

Credit Card Payment Visa American Express MasterCard Discover

Name on Card _____

Card Number _____

Expiration Date _____ / _____ CVV Code _____

Signature _____

Sorry... We are unable to sign on as a sponsor for this year's event, but we would like to make a donation in the amount of \$_____.

Return this form to:

Please return the completed signed form to:
Mission of Mercy Arizona, Attn: Paula Carvalho
360 E. Coronado Rd., Ste. 160, Phoenix, AZ 85004
pcarlova@amissionofmercy.org | Fax: 602-861-2244 | Office: 602-861-2233