

# SPONSORSHIP OPPORTUNITIES

## WHO WE ARE

Mission of Mercy (MOM) has been **providing free primary healthcare and prescription medications to the uninsured and underinsured of Arizona for 28 years**. Every day, we strive to meet the increasingly complex and growing needs of our patients, even as we watch the cost of healthcare continue to rise. Our focus remains on restoring dignity, empowering patients and strengthening communities through quality, compassionate healthcare. Taking no federal or state funding, we are completely reliant on your support to continue healing Arizonans.



## WHO WE SERVE

- Uninsured / Underinsured
- Working poor
- Homeless
- Veterans
- Refugees
- Those who have fallen through the cracks of our healthcare system
- 78% of patients have hypertension
- 56% have Type 2 diabetes
- 29% are seniors (65 and older)
- 62% are women
- 38% are men

## WHERE WE SERVE

We offer 6 clinics; 5 days a week throughout the Valley

- Avondale
- Central Phoenix
- Maryvale
- South Phoenix
- Mesa
- Chandler



## WHAT WE PROVIDE

*Stats from FY2025*

**11,141  
MEDICAL ENCOUNTERS**  
*(Primary care, podiatry, dermatology, vision)*

**1,030  
HEALTH & NUTRITION EDUCATION SESSIONS**

**9,720 LBS.  
OF FRESH PRODUCE DISTRIBUTED**

**31,236  
FREE PRESCRIPTION MEDICATIONS**



Arizona  
Health  
Partnership Fund

## Spring into Wellness 2026

Saturday, March 28, 2026

9:00 a.m. - Noon

Church of Jesus Christ of Latter-day Saints  
650 W Southern Ave, Phoenix AZ 85041

### LOVE SPONSOR- \$10,000

- ✓ Sponsor specific Social Media video announcing partnership for event
- ✓ Use of Mission of Mercy Logo for employee newsletters, emails, and company website
- ✓ Sponsor logo placement on event flyers and Mission of Mercy website
- ✓ Pre-event logo placement in marketing materials- e-newsletters and social media
- ✓ Day of Event Recognition
  - Event Signage with logo
  - Name Recognition as a Love Sponsor at event
  - Opportunity for representative to speak at event
  - Table and two chairs provided at event vendor fair
- ✓ Post-event name recognition in final event e-newsletter and social media post
- ✓ Logo in summer print edition of Dignity Digest newsletter

### DIGNITY SPONSOR- \$5,000

- ✓ Logo placement on event flyer and Mission of Mercy Website
- ✓ Pre-event marketing materials- e-newsletters and social media
- ✓ Day of Event Recognition
  - Event Signage with logo
  - Name Recognition as a Dignity Sponsor at event
  - Table and two chairs provided at event vendor fair
- ✓ Post-event name recognition in final event e-newsletter and social media post
- ✓ Logo in summer print edition of Dignity Digest newsletter

### HOPE SPONSOR- \$2,500

- ✓ Pre-event name recognition- e-newsletters and social media
- ✓ Day of Event Recognition
  - Event signage with logo
  - Name Recognition as Hope Sponsor at event
  - Table and two chairs provided at event vendor fair
- ✓ Post-event name recognition in final event e-newsletter and social media

### SERVICE SPONSOR- \$1,000

- ✓ Day of Event Recognition
  - Event signage with name only
  - Name Recognition as a Service Sponsor at event
  - Table and two chairs provided at event vendor fair
- ✓ Post-event name recognition in final event newsletter and social media

For more information about sponsorships, please contact Kristi Geiger, MOM AZ Director of Development  
[KGeiger@amissionofmercy.org](mailto:KGeiger@amissionofmercy.org) | 602-861-2233 x206

# SPONSORSHIP AGREEMENT



Arizona  
Health  
Partnership Fund

- Yes!** Please count us in as a sponsor!
- Sorry...We are unable to sign on as a sponsor, but would like to make a donation in the amount of \$\_\_\_\_\_.

## Sponsorship Levels:

- Love Sponsor \$10,000**
- Dignity Sponsor \$5,000**

- Hope Sponsor \$2,500**
- Service Sponsor \$1,000**

## Company/Organization

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please send an invoice

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

## Credit Card Payment

Visa    American Express    MasterCard    Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*By signing the above form, I affirm that my company has agreed to sponsor Mission of Mercy's event(s).*

### Return this form to:

Please return the completed signed form to:

Mission of Mercy Arizona, Attn: Kristi Geiger

360 E. Coronado Rd., # 160, Phoenix, AZ 85004

[KGeiger@amissionofmercy.org](mailto:KGeiger@amissionofmercy.org) | Office: 602-861-2233 x206 | Fax: 602-861-2244