

## SPRING INTO WELLNESS VENDOR INFORMATION

**Saturday, March 28, 2026**

**9 a.m.– 12 p.m.**

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



**Spring into Wellness** - Join Mission of Mercy Arizona at our Spring Into Wellness event. It will be a day focused on fun, community, and health. You can make this free event possible for South Phoenix families and support outreach efforts to increase care for uninsured and underinsured families. **Become a Vendor today!**

### **Advocate - \$500**

- Logo Inclusion in collateral, website, social media, and press release
- Direct link to company website on event website
- Vendor Booth with table and 2 chairs provided day of event
- Opportunity to provide information and/or offer activity

### **Partner - \$250**

- Listing in event social media and press release
- Direct link to company website on event website
- Vendor booth with table and two chairs provided day of event
- Opportunity to provide information and/or offer activity

### **Vendor - \$75**

- Vendor booth with table and two chairs provided day of event
- Opportunity to provide information and/or offer activity

Questions? Reach out to Shoshana Simones at [ssimones@amissionofmercy.org](mailto: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](http://momaz.org)



# PARTNER WITH US!

☐ **Yes! Please count us in as a vendor!**

## Company/Organization

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

Billing Address: \_\_\_\_\_

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

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

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

### VENDOR LEVELS

☐ **Advocate \$500**

☐ **Partner \$250**

☐ **Vendor \$75**

☐ Please send an invoice

☐ Check enclosed (Payable to *Mission of Mercy AZ Health Partnership Fund*)

**Credit Card Payment** ☐ Visa ☐ American Express ☐ MasterCard ☐ Discover

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

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

## Vendor(s) please complete the following:

Please provide a brief description of your company's product(s) or service(s). **Required:**

### Booth Information (Please check one)

☐ Nonprofit Informational ☐ Business Informational

Booth includes 6-foot table and 2 chairs. Electricity and water are NOT available at the booth. Small pop up tents and sunshades are allowed, maximum size 10 feet.

Please check one: ☐ One Table and Two Chairs - Provided ☐ Add'l. Tables/Chairs \_\_\_\_\_ Tables \_\_\_\_\_ Chairs \_\_\_\_\_

Please check all that apply: ☐ 10' x 10' Booth Space - Provided ☐ 10' x 10' Tent rental, additional \$15

☐ Additional Request of Space \_\_\_\_\_ Total Space Needed \_\_\_\_\_

Please check to agree to terms:

☐ **Must stay the entire event until 12:00 p.m.** Set up is at 8 am. Event is from 9:00 a.m. - 12:00 p.m.

**Execution of Agreement and Liability:** By the signature below, the individual signing this document represents and warrants that he/she is duly authorized to execute this binding Agreement on behalf of Vendor. The Vendor agrees to be bound by the terms and conditions herein and/or any other regulations issued by Organizer prior to Spring into Wellness event. The Vendor has read, understood and agrees to the terms and conditions stated below as a condition of being a vendor.

Authorized Signature

Date

Print Name and Title

**Please return the completed signed form to: Mission of Mercy Arizona, Attn: Shoshana Simones**  
326 E. Coronado Rd., #200, Phoenix, AZ 85004 | [ssimones@amissionofmercy.org](mailto:ssimones@amissionofmercy.org) | F: 602-861-2244 | O: 602-861-2233

Mission of Mercy Arizona Health Partnership Fund is a non-profit 501(c)(3) supporting organization for Mission of Mercy's medical program. Tax ID # 82-0635905