MISSION OF MERCY
Healing through Love

Arizona Health Partnership Fund

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

Mission of Mercy Arizona | 326 E. Coronado Rd., #200, Phoenix, AZ 85004 | Office: 602-861-2233 | Fax: 602-861-2244
momaz.org

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Annual Fall Fundraising Event

Wednesday, November 18, 2026 | 6:30 pm

Phoenix Zoo

455 N. Galvin Pkwy., Phoenix, AZ 85008

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
- ✓ 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 from the stage
  - Opportunity for representative to speak at the event
  - Invitation to pre-event VIP Reception
- ✓ Post-event name recognition in final event e-newsletter and social media post
- ✓ Logo in winter 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
  - Table signage with logo
  - Name and Logo in event program
  - Name Recognition as a Dignity Sponsor from the stage
  - Invitation to pre-event VIP reception
- ✓ Post-event name recognition in final event e-newsletter and social media post
- ✓ Logo in winter print edition of Dignity Digest

HOPE SPONSOR- $2,500

- ✓ Pre-event name recognition– e-newsletters and social media
- ✓ Day of Event Recognition
  - Table signage with logo
  - Event signage with logo
  - Name in event program
  - Name Recognition as Hope Sponsor from the stage
  - Invitation to pre-event reception
- ✓ Post-event name recognition in final event e-newsletter and social media

SERVICE SPONSOR- $1,000

- ✓ Day of Event Recognition
  - Table signage (name recognition only)
  - Name in event program
  - Name Recognition as a Service Sponsor from the stage
  - Invitation to pre-event VIP Reception
- ✓ 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 | 602-861-2233 x206

SPONSORSHIP AGREEMENT

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Arizona
Health
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☐ **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**

☐ **Hope Sponsor $2,500**

☐ **Dignity Sponsor $5,000**

☐ **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
326 E. Coronado Rd., #200, Phoenix, AZ 85004
KGeiger@amissionofmercy.org | Office: 602-861-2233 x206 | Fax: 602-861-2244