



Sponsor Proposal

Friday, July 20 • Creekside Golf Club
6250 Club House Drive SE, • Salem, OR

SALEM HEALTH FOUNDATION

Gifts from donors like you help further the health and well-being of all kinds of people and families in our community. Your investment supports a variety of initiatives, from providing scholarships to students in medically related education programs to defraying the cost of medication for patients with cancer.

We work hard to **make a healthy lifestyle attainable for EVERYONE in the Mid-Willamette Valley.** Each year, the population we serve grows as our residents age and health risks like the opioid epidemic and obesity increase. We strive to make everyone's interactions with us exceptional in what we say and what we do, and **your support makes this dream a reality.**

As the foundation for the only major hospital in the mid-valley, **we're committed to serving our community by doing whatever we can to save and improve lives — and we know you support this goal, too.**

Thank you for helping us continue this important work.

As a nonprofit, we don't answer to shareholders. We answer to the communities and individuals we serve, including you.

WELLNESS CLASSIC FACTS

- In the past nine years, the Wellness Classic has raised nearly \$500k to improve patient health.
- More than 140 community leaders attend the event annually.
- The 2017 tournament sold out.

SALEM HEALTH FOUNDATION FACTS

In the 2017 fiscal year, donor support allowed the foundation to:

- Award \$122,000 in scholarships to students in medically related professional programs.
- Provide \$82,530 in professional development opportunities.
- Give \$76,797 to patients facing financial hardships or transportation barriers in order to provide chemotherapy, safe rides to medical appointments, immediate living expenses, etc.
- Provide \$56,097 in health education and outreach programming for mammogram vouchers, diabetes education materials and new parent support.

At this event, you will have the opportunity to:

- Connect with like-minded community members.
- Play 18 holes of golf, scramble format, on a beautiful, challenging course with friends and colleagues.
- Help Salem Health make a difference for those we serve in our community.

WELLNESS CLASSIC 2018 SPONSOR OPPORTUNITIES

SPONSORSHIP LEVELS & BENEFITS	Grand Wellness \$10,000 (Exclusive)	Presenting \$6,000 (Four available)	Beverage Cart OR Golf Carts \$3,500 (One available)	Lunch OR Reception \$2,500 (One of each available)	Putting green, driving range OR long drive \$1,750 (Two of each available)	Hole + Play for 4 \$1,750	Hole \$500
Number of foursomes	3	2	1	1	1	1	
Logo on score cards	✓						
Exposure on onsite banner (registration and awards ceremony)	Logo	Logo	Logo	Logo	Name	Name	Name
Opportunity to provide giveaways	✓	✓	✓	✓			
Visibility in area of sponsorship (e.g., lunch, cart OR putting green, driving range, long drive)			✓	✓	✓		
Exposure on pre-event and electronic advertising	Logo	Logo					
Recognition during the luncheon and tournament program	✓	✓	✓	✓			
Exposure on table placard	Logo	Logo	Logo	Logo	Name	Name	Name
Exposure on tournament website with link to corporate site	Logo	Logo	Logo	Logo	Name	Name	Name
Exposure in event program	Logo	Logo	Logo	Logo	Name	Name	Name

Foursomes include golf, lunch, all-day beverage service and heavy hors d'oeuvres at the awards reception.

WELLNESS CLASSIC SPONSOR COMMITMENT FORM

Thank you for supporting the mission of the Salem Health Foundation. Your sponsorship helps us provide quality health care and services to everyone in our community.

SPONSORSHIP LEVELS

- Grand \$10,000
- Presenting \$6,000
- Beverage Cart \$3,500
- Golf Carts \$3,500
- Lunch \$2,500
- Reception \$2,500
- Putting Green \$1,750
- Driving Range \$1,750
- Long Drive \$1,750
- Hole + Play for 4 \$1,750
- Hole \$500
- Team Scramble Package \$120
(includes 8 mulligans, 4 pro drives and 1 colored ball)
- In-Kind Value \$ _____
Goods/Services provided:

Company

Company name _____

Please print exactly as name should appear in promotional materials.

Contact person _____

Email _____

Phone _____

Address _____

City / State / Zip _____

Sponsorship Commitment

Total commitment \$ _____

Representative (Print) _____

Representative (Sign) _____

Date _____

Commitment due by April 30, 2018 for select benefits.

- Please send an invoice.
- Remit payment to the Salem Health Foundation.
Payment must be received by July 1, 2018.

Please also provide to the Foundation:

- EPS logo files (standard, reverse and one-color)
- URL for web links _____

Contact

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