Outer Cape Health Services: Championing Health Equity

2023 Event Season Sponsorship Opportunities





PREMIER SPONSOR \$10,000

Benefits include:

- Full-page color ad in Lobsterfest program with
 Premium Booklet Placement
- 8 guest tickets to Lobsterfest and 2 Golf Foursomes
- Verbal recognition at both events

Logo recognition:

- Signage with logo appears first and most prominently at both events
- Logo hyperlinked on OCHS website
- Prominent signage with logo at **both events**
- Logo featured in OCHS IMPACT Summer and Winter 2023 newsletters distributed to more than 10,000 readers

Questions? For questions and additional information, please contact Kathleen Weiner or Gerry Desautels at (508) 905-2850 or development@outercape.org.

GOLD SPONSOR \$6,000

Benefits include:

- Full-page color ad in Lobsterfest program
- 4 guest tickets to Lobsterfest and one Golf Foursome
- Verbal recognition at both events

Logo recognition:

- Signage with logo at both events
- Logo hyperlinked on OCHS website
- Logo featured in OCHS IMPACT Summer and Winter 2023 newsletters distributed to more than 10,000 readers

BRONZE SPONSOR \$1,500

Benefits include:

- Quarter-page color ad in Lobsterfest program
- 2 guest tickets to Lobsterfest and 2 Golf spots

SILVER SPONSOR \$3,000

Benefits include:

- Half-page color ad in Lobsterfest program
- 4 guest tickets to Lobsterfest and one Golf foursome

Logo recognition:

- Signage with logo at both events
- Logo hyperlinked on **OCHS** website
- Logo featured in OCHS IMPACT Summer and Winter 2023 newsletters distributed to more than 10,000 readers

COMMUNITY SPONSOR \$500

Benefits include:

• Signage recognition at both events

Outer Cape Health Services: Championing Health Equity 2023 SPONSORSHIP RESERVATION FORM

we are pleased to champion Outer Cape Health Services at the following level:					
		PREMIER SPONSOR	\$10,000		
		GOLD SPONSOR	\$6,000		
		SILVER SPONSOR	\$3,000		
		BRONZE SPONSOR	\$1,500		
		COMMUNITY SPONSOR	\$500		
CONTACT INF	ORMAT	ION			
Please list compai materials.	ny name o	r individual sponsor name exa	ictly as you wish i	it to appear in all printed	d event
Company Name o	or Individu	al Sponsor Name			
Contact Person _					
Address					
City			State	Zip	
Phone			Email		
PAYMENT INF	ORMAT	ION			
☐ My check payable to Outer Cape Health Services is enclosed.					
☐ Bill me per contact information above.					
\square Please charge my payment to: \square MasterCard \square Visa \square Discover \square American Express					
Card #			1	Exp Date/	CVV
AD SPECIFICA	ATIONS				
	PDF. All	cifications below. All artwork, artwork must be emailed to d 3) 905-2850.	•	, ,	
PREMIER & GOLD SPONSORSHIP – FULL-PAGE COLOR			AD 5	" x 8"	
SILVER SPONSORSHIP – HALF-PAGE COLOR AD			5	" x 4"	
BRONZE SPONSORSHIP – QUARTER-PAGE COLOR AD				.5" × 4"	



Please mail or email completed form to:

Outer Cape Health Services
ATTN: Development
P.O. Box 598
Harwich Port, MA 02646
development@outercape.org

THANK YOU FOR YOUR SUPPORT!