

# Outer Cape Health Services: *Championing Healthy Communities*

## 2024 Lobsterfest Sponsorship Opportunities



### PREMIER SPONSOR

\$10,000

#### Benefits include:

- Full-page color ad in Lobsterfest program with **Premium Booklet Placement**
- **8 guest tickets** to Lobsterfest

#### Logo recognition:

- Signage with logo appears first and most prominently at **event**
- Logo hyperlinked on **OCHS website**
- Logo featured in **OCHS IMPACT newsletter** distributed to more than 10,000 readers

#### **Questions?**

For questions and additional information, please contact  
Gerry Desautels at  
(508) 905-2853 or  
[development@outercape.org](mailto:development@outercape.org).

### GOLD SPONSOR

\$6,000

#### Benefits include:

- Full-page color ad in Lobsterfest program
- **4 guest tickets** to Lobsterfest

#### Logo recognition:

- Signage with logo at **event**
- Logo hyperlinked on **OCHS website**
- Logo featured in **OCHS IMPACT newsletter** 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

### SILVER SPONSOR

\$3,000

#### Benefits include:

- Half-page color ad in Lobsterfest program
- **4 guest tickets** to Lobsterfest

#### Logo recognition:

- Signage with logo at **event**
- Logo hyperlinked on **OCHS website**
- Logo featured in **OCHS IMPACT newsletter** distributed to more than 10,000 readers

### COMMUNITY SPONSOR

\$500

#### Benefits include:

- Signage recognition at **event**

# Outer Cape Health Services: Championing Healthy Communities

## 2024 SPONSORSHIP RESERVATION FORM

We are pleased to champion Outer Cape Health Services at the following level:

- |  |          |
|--|----------|
| <input type="checkbox"/> PREMIER SPONSOR   | \$10,000 |
| <input type="checkbox"/> GOLD SPONSOR      | \$6,000  |
| <input type="checkbox"/> SILVER SPONSOR    | \$3,000  |
| <input type="checkbox"/> BRONZE SPONSOR    | \$1,500  |
| <input type="checkbox"/> COMMUNITY SPONSOR | \$500    |

### CONTACT INFORMATION

Please list company name or individual sponsor name exactly as you wish it to appear in all printed event materials.

Company Name or Individual Sponsor Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

### PAYMENT INFORMATION

- ☐ My check payable to Outer Cape Health Services is enclosed.
- ☐ Bill me per contact information above.
- ☐ Please charge my payment to: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CW \_\_\_\_\_

### AD SPECIFICATIONS *(Does not apply to Community Sponsor)*

Ads must meet the size specifications below. All artwork, including company logos, must be sent as an **EPS file** or **high-resolution PDF**. All artwork must be emailed to [development@outercape.org](mailto:development@outercape.org) no later than **August 1, 2024**. Questions? Call (508) 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	2.5" x 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](mailto:development@outercape.org)

THANK YOU FOR YOUR SUPPORT!