



## 2025 SPONSORSHIP BENEFITS

		<b>\$20,000</b>	<b>\$10,000</b>	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$1,000</b>
Event Keepsake	Long-lasting reach with logo on takeaway gift	<b>X</b>				
Community Events	Logo prominently displayed at outreach events year-round	<b>X</b>				
Dedicated Email	Brand messaging shared with CHI mailing list	<b>X</b>	<b>X</b>			
Event Press Release	Impressions via local and regional media	<b>X</b>	<b>X</b>			
Event Program	Logo included on event program	<b>X</b>	<b>X</b>	<b>X</b>		
Invitation*	Logo included on invitations to high-profile, affluent supporters	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
Event Signage	Recognition for supporting your community with brand logo inclusion	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Tickets	Opportunity to network	<b>8</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>2</b>
Newsletter	Logo included in quarterly newsletters	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Social Media	Dedicated posts 2X year	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
CHI Website	Logo displayed year-round	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

Contributions to Community Health Initiative, a 501(C)3 public charity, federal tax ID #25-1924934, are tax deductible to the extent permitted by law. Please consult a tax advisor for more information.

\*Requires commitment by March 17, 2025.



*Improving the health of children, families and seniors by providing access to care through health insurance enrollment, patient education and advocacy since 2005.*

## Yes! I want to be a 2025 sponsor!

Please confirm my participation (check the level you are interested in):

- \$20,000
- \$10,000
- \$5,000
- \$2,500
- \$1,000

I'd like to celebrate CHI's 20<sup>th</sup> anniversary and join the party on **Monday, May 5, 2025**. Please contact me by phone | text | email (circle one) for my guests' names.

I can't attend, but I'd like to make a donation in the amount of \$\_\_\_\_\_

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

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

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

Payment preference:

- Please invoice me.
- Check (Please make checks payable to Community Health Initiative)
- Credit card. Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

**Please complete and return this form to Lori Narlock at [lori@calchi.org](mailto:lori@calchi.org) or by mail to 2140 Jefferson St., Ste. D, Napa, CA 94559.**

**Please email a high-res logo and photo to [lori@calchi.org](mailto:lori@calchi.org).**

Community Health Initiative Napa County is a 501(c)(3) public charity ID#25-1924934. Contributions to Community Health Initiative may be tax-deductible to the extent permitted by law. Please consult your tax advisor for more information on your donation. **Donations can be made online at [calchi.org](http://calchi.org)**