

# **Annual Sponsorship Opportunities**

GOLF	LINK	FOUNDATION
S5,000 Golf Sponsor	□ \$5,000 LINK Partner	$\square$ \$5,000 Foundation Member
8 Golf Registrations     Special Event signage     Primary logo on Event advertising and Thank You     Space for Banner and Promotional Table at Event     Rodeo Week Signage at Hospital Events	· Company logo (medium-sized) on t-shirts	<ul> <li>2021 Corporate Membership Fees</li> <li>Logo in Annual Donor Report</li> <li>Private Philanthropy Update Tour with Hospital Chiefs</li> <li>Corporate Features on SMH Digital Marketing</li> <li>Access to Gould St Conference Room for Corp. Meetings</li> <li>Health Talk for Employees Upon Request</li> <li>SMH &amp; Foundation Updates, News, &amp; Events</li> </ul>
■ PLATINUM ANNUAL PACKAGE (AII 3) – \$10,000		
☐ \$2,500 Golf Sponsor	☐ \$2,500 LINK Partner	☐ \$2,500 Foundation Member
<ul> <li>4 Golf Registrations</li> <li>Signage on Hole-in-One</li> <li>Primary logo on Event advertising and Thank You</li> <li>Space for Banner and Promotional Table at Event</li> <li>Rodeo Week Signage at Hospital Events</li> </ul>	<ul> <li>Ten Event Registrations</li> <li>Signage on Event race course</li> <li>Logo on digital and print advertising</li> <li>Logo (small-sized) in Post-Event Thank You advertising</li> <li>Company logo (small-sized) on t-shirts</li> </ul>	<ul> <li>2021 Corporate Membership Fees</li> <li>Logo in Annual Donor Report</li> <li>Corporate Features In SMH Digital Marketing</li> <li>Access to Gould St Conference Room for Meetings</li> <li>Health Talk for Employees Upon Request</li> <li>SMH &amp; Foundation Updates, News, &amp; Events</li> </ul>
GOLD ANNUAL PACKAGE (AII 3) – \$5,000		
☐ \$1,000 Golf Sponsor	☐ \$1,000 LINK Partner	☐ \$1,000 Foundation Member
• 4 Golf Registrations • Signage on Two Holes • Logo on Event advertising and Thank You	<ul> <li>Five Event Registrations</li> <li>Signage on event race course</li> <li>Name in Post-Event Thank You advertising</li> <li>Company name listed on t-shirts</li> </ul>	<ul> <li>2021 Corporate Membership Fees</li> <li>Corporate Features In SMH Digital Marketing</li> <li>Access to Gould St Conference Room for Corporate Meetings</li> <li>SMH &amp; Foundation Updates, News, &amp; Events</li> </ul>
SILVER ANNUAL PACKAGE (AII 3) – \$2,000		
Sponsor \$250 Golf Sponsor	☐ \$250 LINK Partner	☐ \$250 Foundation Corporate Member
• Signage on One Hole • Logo on Event advertising and Thank You  O  M  M	<ul> <li>• Two Registrations</li> <li>• Signage on Event race course</li> <li>• Name in Post-Event Thank You advertising</li> </ul>	• 2021 Corporate Membership Fees • SMH & Foundation Updates, News, & Events
BRONZE ANNUAL PACKAGE (AII 3) – \$500		



307.673.2418 with questions.

### **Sponsorship Annual Packages**

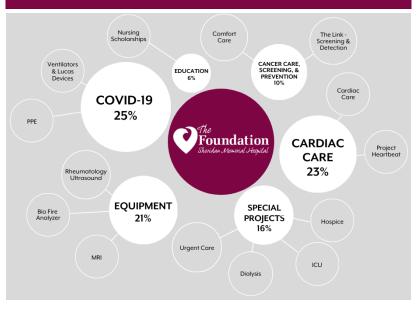
Make your gift go further

# **Gratitude Summary**

In the Past Year...

### **Looking Forward to the Future...**

#### **Your Contributions at Work**



### **Transforming Transitional Care**

A Transitional Care Unit (TCU) provides a recuperative and supportive place to heal following an injury, surgery, or serious illness. The Foundation looks forward to supporting the Hospital's expansion of the TCU, which will:

- · Meet community and regional demand for patient care
- Ensure patients have a place to recuperate before returning home
- · Provide 20 comfortable private suites with private bathrooms
- · Keep the TCU operational during a pandemic

#### **Anticipated Timeline**



Phase I — HVAC & Electrical Enhancements
Updated Infrastructure on 2nd & 3rd Floors
Separate Reverse Isolation Rooms to Accommodate Surge

Phase II — Completion of TCU Patient Rooms and Support Areas

## **2021 Pledge Form**

Contact Information (Please print your corporate or family name as you wou	uld like it to appear in Foundation publications.)	
Name(s):		
Contact Person:		
I wish to remain anonymous in Foundation publications		
Mailing Address:		
	Phone:	
Payment Option (For selection made on Annual Sponsorship Opportunities Fo	orm.)	
Gift Amount: \$	to be paid on/	
Invoice payment to above Mailing Address		
Cash Payment Check Payment (payable to SMH Foundation) ACI	H Charge to Credit Card	
Card #:	Exp.Date:/ Auth Code:	
Pledge (Pledge reminders will be sent as requested below.)		
My pledge is: Annual Quarterly Monthly Custom		
\$payable over	years/months beginning on///	
Tribute This gift is in Honor Memory of		
Signature:	Date:	
Print Name(s):		
Sheridan Memorial Hospital Foundation has a gift acceptance Policy in place and is a	available for review upon request. Your sponsorship and a portion of your golf tournament fee is	

tax-deductible in accordance with section 501(c)(3) of the Internal Revenue Service Code. The tax-deductible amount will be reflected in your mailed gift receipt. Contact the office at