

BBQ Fundraiser – Sponsorship Opportunities

PIT MASTER (Presenting) Sponsorship.....\$5,000

DONOR

Naming rights to the event – “presented by YOUR COMPANY”
 Logo displayed on promotional materials – banner, event signage, billboards
 Recognition through WOOF Radio promotion throughout the month of July
 Twenty-eight (28) tickets for BBQ Plates
 Recognition on event signage and in media releases distributed by the Foundation
 Logo/ company name featured on the Foundation website and social media outlets

SOLD

SMOKER Sponsorship.....\$2,500

Logo displayed on promotional materials – tickets, banner, event signage, billboards
 Recognition through WOOF Radio promotion throughout the month of July
 Twelve (14) tickets for BBQ Plates
 Recognition on event signage and in media releases distributed by the Foundation
 Logo/ company name featured on the Foundation website and social media outlets

PIT Sponsorship.....\$1,000



Logo displayed on promotional materials – banner, event signage, billboards
 Eight (8) tickets for BBQ Plates
 Recognition in media releases distributed by the Foundation
 Logo/ company name featured on the Foundation website and social media outlets

SOLD

SEASONING RUB Sponsorship.....\$500

Logo displayed on promotional materials – banners & billboards
 Four (4) tickets for BBQ Plates
 Logo/ company name featured on the Foundation website and social media outlets

Friends of the Foundation\$250

Logo displayed on promotional banners
 Two (2) tickets for BBQ Plates

**BBQ FUNDRAISER
SPONSORSHIP COMMITMENT FORM**

Date: _____
Business Name: _____
Contact Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Sponsorship Opportunities

Please mark your selection:

- ___ **PIT MASTER Sponsorship.....\$5,000**
 - ___ **SMOKER Sponsorship.....\$2,500**
 - ___ **PIT Sponsorship.....\$1,000**
 - ___ **SEASONING RUB Sponsorship.....\$500**
 - ___ **Friends of the Foundation.....\$250**
-

Payment information:

- My payment is enclosed. (Check, Cash, or Money Order)
- Please invoice me on _____. (MM/DD/YY)
- I would like to make pledge payments and be invoiced on a monthly basis beginning in _____.
(All sponsorships must be paid in full by September 30, 2020.)
- I would like to make a payment(s) via credit card (or call us for telephone processing).
Credit Card Type: ___ VISA ___ MasterCard ___ Discover ___ American Express
Card Number: _____
Exp. Date: _____ Card V Code (last 3 or 4 digits on back of card): _____

Authorized Signature: _____

Return to Southeast Health Foundation by mail to 1922 Fairview Avenue, Dothan, Alabama 36301, or by email to aebunting@southeasthealth.org.

Key Deadlines: To receive all sponsorship benefits, reply by July 14, 2020.

**Southeast Health Foundation | 1922 Fairview Ave. | Dothan, AL 36303
334.673.4150 | www.sehealthfoundation.org**