

2023 AWARD RECEPTION

Thursday, June 15th | 6 P.M.

Windmill Station

1369 Headland Ave., Dothan, AL

SPONSORSHIP OPPORTUNIES

Tables & Tickets

www.sehealthfoundation.org

2023 Award Recipient



Mr. Mike Schmitz

Mike Schmitz is that rare person who accepts his personal and professional success as a mandate to help others. For nearly 40 years he has worked tirelessly to improve the lives of the people living in the Wiregrass. He gives generously with his time and with his money. Although his financial donations alone warrant recognition, he doesn't just write checks. He provides leadership and strategic vision, helps with the planning of events, and leverages his personal contacts to have a positive impact on every project he is involved with. He lends his name and reputation to others if it will help get an initiative off the ground.

Susan Fischer and Ralph Smith believed the Dothan community deserved the very best in education, healthcare, youth programming, and so many public sectors that make a community great. They set the bar for greatness in caring for one's community, and from his public service to his commitment to philanthropy throughout the Wiregrass, Mike Schmitz has distinguished himself as a philanthropic leader.

About the Fischer-Smith Legacy Award





The Fischer-Smith Legacy award honors the generosity of a person or organization for financial contributions and volunteerism that demonstrates outstanding civic and charitable responsibility. Ideally, the recipient of this prestigious award will have encouraged others to have a philanthropic heart for the community.

EXCLUSIVE OPPORTUNITIES

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Presenting Sponsor —

\$5,000

Naming rights to the event

Logo displayed on promotional materials

Sixteen (16) tickets (two (2) tables) with premium table location

Sixteen (16) drink tickets

Formal recognition as Presenting Sponsor during the program

Full page, color ad on the back cover of the event program

Recognition on event signage and in media releases distributed by the Foundation Logo/company name featured on the Foundation website and social media outlets

Host Sponsor

\$3,000

Logo displayed on promotional materials

Ten (10) tickets with premium table location

Ten (10) drink tickets

Full page, color ad on the inside, front cover of the event program

Recognition on event signage and in media releases

Logo/ company name featured on the Foundation website and social media

Program Sponsor ——

\$1,500

Logo displayed on promotional materials

Eight (8) tickets with premium table location

Eight (8) drink tickets

Half page, color ad in the event program

Recognition on event signage and in media releases

Logo/ company name featured on the Foundation website and social media

Award Sponsor

\$1,500

Logo displayed on promotional materials

Eight (8) tickets with premium table location

Eight (8) drink tickets

Half page, color ad in the event program

Recognition on event signage and in media releases

Logo/company name featured on the Foundation website and social media

Tables & Tickets

Guest Table

\$250

Half Table

\$125

Eight (8) tickets with priority table location Eight (8) drink tickets Guaranteed Group Seating Four (4) tickets with priority table location Four (4) drink tickets Guaranteed Group Seating

Individual Ticket — \$35

One (1) tickets with priority table location One (1) drink tickets

THE 2022 FISCHER - SMITH LEGACY AWARD RECIPIENT



(L-R) Southeast Health CEO Rick Sutton, Mrs. Carolyn Smith, Walter Scott Foundation representative Jocelyn Nickerson, Foundation Board Member Gina Grant, Foundation Director Amy Bunting.

2023 Fischer – Smith Legacy Award Reception Commitment Form

□ Presenting Sponsor	\$5,000	□ Table	\$250	
□ Bar & Beverage Sponsor	\$3,000	☐ Half Table	\$125	
□ Program Sponsor	\$1,500	☐ Ticket	\$35	
☐ Award Sponsor	\$1,500	• • •		
Date:				
Business Name:				
	Title:			
Mailing Address:				
City:				
Phone:	Fax:			
 Email:				
Payment information:				
☐ My payment is enclosed. (Che	eck, Cash, or	Money Order)		
☐ Please invoice me on	(M	M/DD/YY)		
☐ I would like to make pledge pa	yments and	be invoiced on a:		
o Monthly basis beginning in				
☐ I would like to make a paymen		-	•	
Credit Card Type: VISA			Express	
Card Number:				
Exp. Date: Card V Cod	ie (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.



FOUNDATION

www.sehealthfoundation.org