



PLANTING THE SEEDS OF

Hope

Finding Help.
Funding Hope.

Please join us in supporting our community struggling with mental health issues. You can make a difference by sponsoring today. All contributions will help support the largest mental health center in Southern Maryland.

LEVELS OF GIVING / *Planting the Seeds of Hope*

PRESENTING SPONSOR \$25,000

- Recognition in CalvertHealth's Magazine (Over 90,000 circulation)
- Featured Recognition as Presenting Sponsor on plaque to be placed in hospital
- Membership in the CalvertHealth Legacy Donor Society
- Recognition on promotions within social media, press releases and more
- Name/Logo placement on Foundation website

DIAMOND SPONSOR \$15,000

- Recognition in CalvertHealth's Magazine (Over 90,000 circulation)
- Membership in the CalvertHealth Legacy Donor Society
- Recognition on promotions within social media, press releases and more
- Name/Logo placement on Foundation website

SAPPHIRE SPONSOR \$10,000

- Recognition in CalvertHealth's Magazine (Over 90,000 circulation)
- Recognition in CalvertHealth's Society Levels
- Recognition on promotions within social media, press releases and more
- Name/Logo placement on Foundation website

GOLD SPONSOR \$5,000

- Recognition in CalvertHealth's Magazine (Over 90,000 circulation)
- Membership in the CalvertHealth Legacy Donor Society
- Recognition on promotions within social media, press releases and more
- Name/Logo placement on Foundation website

SILVER SPONSOR \$4,000

- Recognition in CalvertHealth Fall (Over 90,000 circulation)
- Recognition within social media and press releases

BRONZE SPONSOR \$3,000

- Recognition in CalvertHealth Magazine
- Recognition in press release

COPPER SPONSOR \$1,000

- Recognition in CalvertHealth Magazine



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2020

CALVERTHEALTH

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COMPANY NAME _____

CONTACT NAME _____ EMAIL _____

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SPONSORSHIP LEVEL _____

OTHER DONATION _____

Please make checks payable to: CalvertHealth Foundation My check for \$ _____ is enclosed.

CH Foundation accepts the following credit cards:

Visa MasterCard American Express Discover AMOUNT TOTAL \$ _____

Card Number _____ Security Code # _____

Name as it appears on your card (*please print*) _____

Billing Address _____

Authorized Signature _____ Expiration Date _____

Online payments accepted at: calverthealthfoundation.org/CalvertHealthGala

Please mail completed form and checks to: CH Foundation, PO Box 2127, Prince Frederick, MD 20678
or email your form to: foundation@calverthealthmed.org

For additional information, please call: 410.414.4570
or visit CalvertHealthFoundation.org