

Evening with Meaning at MALBAY ESTATE

Evening with Meaning supporting Forward Health Foundation

Partner with us in our mission *working to build a healthy and vibrant community together!* We invite you to review these opportunities to support our community and join us in celebration! Thank you.

SAVE THE DATE: Thursday, August 14, 2025 | 6:30pm at Malbay Estate, Cohasset, MN

Corporate Sponsorship Opportunities

Platinum.....\$5,000

- ★ Sixteen tickets to Event
- ★ Recognition with disbursement of grants
- ★ Logo on event publications with additional hyperlink from our event webpage
- ★ Logo on event program
- ★ Recognition at event

Gold.....\$2,500

- ★ Twelve tickets to Event
- ★ Logo on event publications
- ★ Recognition in/on all promotional media
- ★ Logo on event program
- ★ Recognition at event

Silver.....\$1,000

- ★ Eight tickets to Event
- ★ Logo on event publications
- ★ Logo on event program
- ★ Recognition at event

Bronze.....\$500

- ★ Four tickets to Event
- ★ Name on event program
- ★ Recognition at event

In-Kind Donation Opportunities

We are seeking donations of unique items to be used in fundraising activities at the event. One hundred percent of the proceeds will be used to support our fundraising cause. We encourage the donation of items, trips or experiences to offer our guests. Please notify us by **Tuesday, July 1, 2025** of your intention to provide an in-kind donation so we can plan events accordingly.

In-Kind donations valued = \$500-\$999

- ★ Two tickets
- ★ Recognition at event

In-Kind donations valued = \$1,000-\$4,999

- ★ Four tickets
- ★ Recognition at event

In-Kind donations valued = \$5,000+

- ★ Six tickets
- ★ Recognition at event

Our Mission Working to build a healthy and vibrant community together.

Sponsorship Opportunities - Please select your level of support

Platinum.....\$5,000

Gold.....\$2,500

Silver.....\$1,000

Bronze.....\$500

A portion of your sponsorship may be tax deductible as allowed by law. Our tax ID: 41-1770765.

In-Kind Donation Opportunities

Item(s): _____ Estimated value: \$ _____

Description: _____

A portion of your donation may be tax deductible as allowed by law. Our tax ID: 41-1770765.

Your Information

Company/Organization: _____

Contact Name(s): _____

Mailing Address: _____

Phone: (____) _____ Email: _____

Payment Options

CHECK BY MAIL (FOR FINANCIAL SPONSORSHIP):

Please return this completed form by **Friday, July 25**, along with check made out to:

Forward Health Foundation

PO Box 367

Deer River, MN 56636

IN-KIND DONATIONS:

Please return pledge by **Tuesday, July 1** and arrange for in-kind donation exchange by **Friday, August 8**.

With Sincere Gratitude

FORWARD HEALTH FOUNDATION

Email: apriljperson@forwardhealthfoundation.org

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