

# ANNUAL SPONSORSHIP

**United Way of Cowlitz  
& Wahkiakum Counties**



**Annual sponsors have the largest level of exposure to our volunteers, community, employers and partners.**

Annual sponsorships also offer benefits not available at the event sponsor level.

Sponsorships can begin at any time in the year, and cover a one-year period from the time sponsorships begins.

## EVENT DATES

**Kilted Klassic  
Golf Tournament**  
July 31, 2022

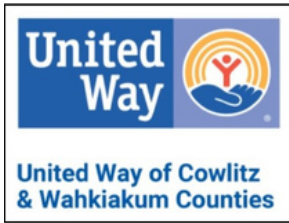
**Day of Caring**  
September 8, 2022

**The Power of the Purse  
Celebration of Women**  
October 7, 2022

**Giving Tuesday**  
November 29, 2022

**Youth Days of Service**  
April 2023

\*Dates may change as we get closer to planning events



# SPONSORSHIP LEVELS

	Trail Blazer \$10,000	United Champion \$7,500	Community Leader \$5,000	Live United Partner \$2,500
Special Recognition in a United Way E-newsletter Highlighting Business's Impact	✓			
Prominent & Quarterly Social Media Thank You & Spotlight	✓			
Kilted Klassic Golf Tournament	4 Registrations + Tee Sponsor	4 Registrations		
Radio Recognition	✓	✓	✓	
Verbal Recognition or speaking opportunity	✓	✓	✓	
The Power of the Purse	8 Individuals	8 Individuals	4 Individuals	
Recognition in Quarterly E-Newsletters	✓	✓	✓	✓
Logo on all t-shirts (For applicable events)	✓	✓	✓	✓
Banner hung or logo projected at all listed events	✓	✓	✓	✓
Social Media Promotion	✓	✓	✓	✓
Inclusion in Print Material (when applicable)	✓	✓	✓	✓
Website Recognition	✓	✓	✓	✓

PO Box 1336, Longview, WA 98632

Sabrina Kochrapha Sabrina@CowlitzUnitedWay.org 360.423.5320

# ANNUAL SPONSORSHIP FORM

## Sponsorship Level

<input type="checkbox"/> Trailblazer \$10,000	<input type="checkbox"/> United Champion \$7,500	<input type="checkbox"/> Community Leader \$5,000	<input type="checkbox"/> Live United Partner \$2,500
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### Primary Contact Information:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Email: \_\_\_\_\_

### Contact for Logo/Advertising:

Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Email: \_\_\_\_\_

### Payment Information:

- Please send me an invoice  
 We have enclosed a check  
 We paid via credit card on your secure website

## FIGHTING FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN COWLITZ AND WAHKIAKUM COUNTIES.

Please check your chosen sponsorship level and fill out the information above. Thank you for joining us in the opportunity to improve lives! Completed forms can be mailed or emailed back to us:

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