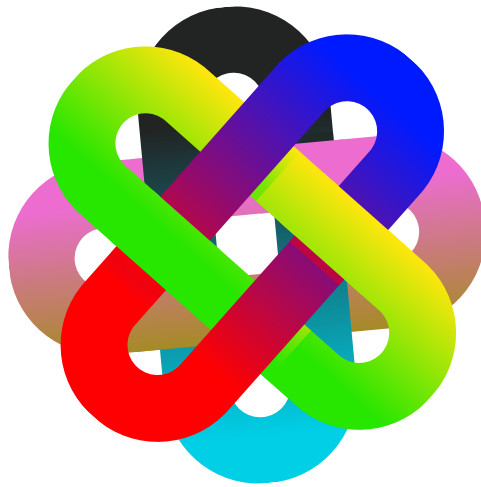


NASHVILLE CARES
SPONSORSHIP OPPORTUNITY



THE HEALTH ALLIANCE
LUNCHEON

BUILDING A HEALTHY COMMUNITY FOR EVERYONE

WEDNESDAY
DECEMBER 8, 2021

OUR MISSION



Our Mission is to end the HIV/AIDS epidemic in Middle Tennessee. We work to achieve this through education, advocacy, care and support for those at-risk of or living with HIV.

Support from sponsors like you make it possible for us to continue the fight to end the HIV Epidemic in Middle Tennessee. As a sponsor, you will have opportunities for employee involvement, high-impact marketing efforts, and the option to have a presence at the event. This gives you the chance to interact directly with our supporters, volunteers, and advocates.

Sincerely,

A handwritten signature in black ink that reads "Ken Hinman". The signature is fluid and cursive.

Ken Hinman
Director of Development

For every
dollar
Nashville
CARES
receives,
95 cents goes
to direct
client care.



NASHCARES



@NASHVILLECARES



NASHVILLECARES



NASHVILLE-CARES

The Health Alliance Luncheon is an inspiring and educational event designed to bring together local business leaders, health professionals, faith leaders, and government advocates with the purpose of building a healthy community for all citizens. This event replaces our annual Red Ribbon Breakfast. This mid-week luncheon celebrates how far we have come in creating access to care and recognizes the challenges we are still facing in providing quality health care that is inclusive, equitable, and diverse. Attendees will enjoy entertainment, hear from local experts and client testimonials, and learn more about the critical role they can play in building a healthy community for all.

WHERE: This year's luncheon will be held in a unique and custom-designed virtual platform.

HOW: Lunch delivery will be provided 30 minutes prior to the event.

WHY: Proceeds from the Health Alliance Luncheon go directly to Nashville CARES.

WHEN: December 8, 2021 | 12:00pm-1:00pm.

PRESENTING SPONSOR - \$10,000

- Two virtual tables of 10
- Logo placement included on:
 - EVENT WEBSITE CARESHEALTHALLIANCE.ORG
 - All advertising and media promotion, including social media
 - Email communication
 - All event marketing materials and collateral
- Presenting Sponsor mention in all press releases and media advisories
- Designated ad run on our social media promoting you as the Presenting Sponsor
- Verbal recognition from the stage as Presenting Sponsor
- Opportunity for a representative from the organization to speak on stage before the luncheon begins
- Presenting Sponsor mentioned in all press releases and media advisory

CHAMPION SPONSOR - \$5,000

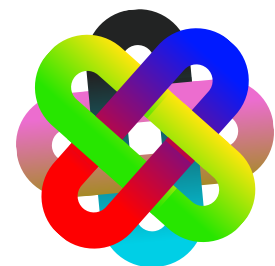
- One virtual placed table of 10
- Logo placement included on:
 - Event website
 - All advertising and media promotion, including social media
 - Email communication
 - All event marketing materials and collateral
- Champion Sponsor mention in all press releases and media advisories
- Verbal recognition from the stage as Champion Sponsor

COMMUNITY LEADER SPONSOR - \$2,500

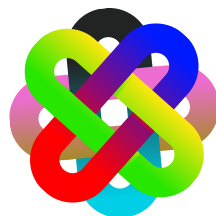
- One virtual table of 10
- Logo placement included on:
 - Event website
 - All advertising and media promotion, including social media
 - Email communication
 - All event marketing materials and collateral
- Special recognition from the stage as Community Leader Sponsor

INDIVIDUAL EVENT TICKET - \$100

- One ticket to the luncheon



2021 SPONSORSHIP COMMITMENT FORM



THE HEALTH ALLIANCE LUNCHEON

BUILDING A HEALTHY COMMUNITY FOR EVERYONE

Please fill out this commitment form indicating your interest in partnering with us for The Health Alliance Luncheon.

If you have any questions, feel free to contact the Director of Development, Ken Hinman at khinman@nashvillecares.org.

CHOOSE WHICH LEVEL YOU WOULD LIKE TO SPONSOR

THE HEALTH ALLIANCE LUNCHEON

Presenting Sponsor - \$10,000 Champion Sponsor - \$5,000 Community Leader \$2,500

COMPLETE THE CONTACT AND PAYMENT INFORMATION BELOW

NAME _____ TITLE _____

COMPANY NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

NAME YOU PREFER FOR MARKETING PURPOSES _____

PLEASE CHECK YOUR PREFERRED PAYMENT OPTION:

NEED INVOICE CHECK CREDIT CARD

Name on Card _____

Card Number _____

Exp _____ CVV _____

SIGNATURE _____ DATE _____

Please email this form to events@nashvillecares.org