

# La Habra's 2nd Annual Senior Week

## November 4 – 9, 2017

### Sponsor Form

Gain visibility as a supporter of La Habra's 2<sup>nd</sup> Annual Senior week. Senior Week offers seniors and caregivers the chance to participate in a variety of events, classes, and activities to be held throughout La Habra, November 4 – 9, 2017.

Organization Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website Address (*Title and Gold sponsors only*): \_\_\_\_\_

#### Donation / Recognition

Title - Limit 1 \$5000

- Quarter page ad on Senior Week flyers (Spanish and English),
- Top banner placement with link on all website/ online options
- Verbal recognition at events

Logo placement on:

- *Life in LA Habra* Magazine ad (due 6/15/17),
- La Habra Community Center (LHCC) exterior advertisement banner
- La Habra Community Center (LHCC) interior event schedule signage

Gold \$2500

- Eighth page ad on Senior Week flyers (Spanish and English),

Logo placement on:

- LHCC exterior advertisement banner
- LHCC interior event schedule signage
- Side banner placement with link on all website/ online options.

Silver \$1000

- Eighth page ad on Senior Week flyers (Spanish and English),
- Logo placement on:

- LHCC exterior advertisement banner
- LHCC interior event schedule signage
- Name placement on website sponsorship pages

Elite \$500

Logo placement on:

- Senior Week flyers (Spanish and English),
- LHCC exterior advertisement banner
- Name placement on all website sponsorship pages

Other sponsorship opportunities

In-kind donations for events will be graciously accepted. Your organization will receive sponsorship benefits based on the value of the in-kind donation. If you would like to donate towards an event or host a program, contact Rachel Roberts or Diana Gonzalez. Some examples of in-kind donations include:

- Food and drinks
- Entire event sponsorship
- Event material
- Giveaways

Please describe the in-kind donation:

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Cost estimation:

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**Payment**

Check (Payable to: Institute for Healthcare Advancement Senior Week and mail to 501 S. Idaho Street, Suite 300, La Habra, CA 90631)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Please complete this form and send to Rachel Roberts at [rroberts@iha4health.org](mailto:rroberts@iha4health.org).

For any questions please contact:

- Rachel Roberts: Phone (562) 690-4001 ext. 217 or email [rroberts@iha4health.org](mailto:rroberts@iha4health.org)
- Diana Gonzalez: Phone (562) 690-4001 ext. 204 or email [dgonzalez@iha4health.org](mailto:dgonzalez@iha4health.org)