

His Hands Free Clinic Event Sponsorship Form

Business name _____

Contact person _____

Contact phone _____

Contact email _____

Business address _____



Sponsor levels

- ___ Presenting Sponsor \$10,000 *
- ___ Belly Laugh Sponsor \$5,000 *
- ___ Chuckle Sponsor \$2,750 *
- ___ Giggle Sponsor \$1,500 *
- ___ Smile Sponsor \$750 *
- ___ Other _____

*A table of 10 is included with your sponsorship
One month prior to the event, an email will be sent
requiring the names and emails of your guests.

Please send company logo(s) to Danyelle Edwards, danyelle@hishandsclinic.org. Logos should be in one of the following formats to allow for high resolution printing: .psd, .eps, .png. If you have any questions, please contact Danyelle.

PLEASE RESPOND BY September 7, 2018

*Send donation payable to:

His Hands Free Clinic

Attn: Laughter is the Best Medicine

400 12th St SE

Cedar Rapids, IA 52403

*Written commitments needed. You will be invoiced in late October



Restore the body. Refresh the spirit.