

**Community Baby Shower**

June 20, 2025

Dear Community Partners,

Southeast Community Health Systems (SCHS), a Federally Qualified Health Center, is committed to the communities within our service area. We dedicate ourselves in identifying our communities’ needs. According to the needs, we will provide resources for expecting mothers and new parents in our service area.

On Saturday, October 4, 2025**,** parents will connect with community partners to gain valuable knowledge of childcare, wellness, self-care, and much more. With your support, we welcome you in supplying at an item(s) to support families. We as a whole support system will be able to offer baby beds, car seats, strollers, baby monitors, pack-n-plays and any other needed necessities to participants.

As a private, non-profit 501(c)3, SCHS is soliciting support in ensuring that the community baby shower is a success. All vendors donating to the baby shower will be acknowledged in all advertisements. Enclosed is a SCHS donation form, and ourfederal tax identification number is 72-1212880.

If you need additional information regarding the contribution, please contact Debra Stampley at 225-306-2048, or dstampley@shchc.org. To maximize the utilization of contributions, kindly respond of your intention by **September 15, 2025**. Contributors have varying levels of sponsorship and will be included in marketing and media advertisements.

We value your contribution to SCHS in meeting the needs of parents in the community.

Most Thankful,

Sincerely,

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Alecia Cyprian, Ph.D.

CEO



**2025 Baby Shower Contribution Form**

Donor Information (please print or type)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Option 1**Sponsorship Contribution Information: I (we) pledge a total of to be paid to the community baby shower. | $ |
| **Option 2**Sponsors agree to donate items to support the parents. | **List your item here.**1. 2. 3. 4.  |

Credit card type | Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number/CVV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement Information:

Please use the following name(s) and/ or logo in all acknowledgements (attach logo for advertisement):

 I (we) wish to have our gift remain anonymous.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) Date

Please make checks, corporate matches, or Southeast Community Health Systems

other gifts payable to: Post Office Box 770

 Zachary, LA 70791



2025 Community Baby Shower

*Sponsorship Levels*

**Platinum Sponsor**

* Sponsors will be recognized in all advertisements on all media, social media, and fliers.
* Company recognized during the event.
* Opportunity to be a speaker.
* Advertised as major sponsor.

**Gold Sponsor**

* Company recognized during the event.
* Advertisement on social media and fliers.
* Opportunity to be a speaker.

**Silver Sponsor**

* Company recognized during the event.
* Advertisement on fliers.

**Bronze Sponsor**

* Company recognized during the event.
* Advertisement on fliers.