



Caring for Cullman Health & Wellness Fun Day

September 13, 2025

Sponsor Levels

Friends Sponsor - \$500

1. T-shirt
2. Name in Fall Newsletter as Fun Day Event sponsor by level

Session Sponsor - \$1000

1. T-shirt
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Out

Fun Zone Sponsor- \$2500

1. T-shirt
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Out (2)
4. Name and logo on sign
5. Small logo on t-shirt

Food Truck Alley Sponsor - \$2500

6. T-shirt
7. Name in Newsletter as Fun Day Event sponsor by level
8. Social Media Shout Out (2)
9. Name and logo on sign
10. Small logo on t-shirt

Non-Profit Row Sponsor - \$2500

1. T-shirt
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Out (2)
4. Name and logo on sign
5. Small logo on t-shirt

Small Business Row Sponsor - \$2500

1. T-shirt
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Out (2)
4. Name and logo on sign
5. Small logo on t-shirt

Mobile Health Units Sponsor - \$2500

1. T-shirt
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Out (2)
4. Name and logo on sign
5. Small logo on t-shirt

Stage Sponsor - \$5000

1. Two T-shirts
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Out (2)
4. Name and logo on sign
5. Listed on all promos (radio and print)
6. Larger logo on t-shirt

Event Title Sponsor - \$10,000

1. Four T-shirts
2. Name in Newsletter as Fun Day Event sponsor by level
3. Social Media Shout Outs
4. Name and logo on sign
5. Listed on all promos (radio & print)
6. Largest logo on t-shirt



Saturday, September 13th, 2025
10am – 2pm
118 Veterans Drive SW, Cullman
(Future Home of Good Samaritan Health Clinic)

SPONSORSHIP FORM

Please return, along with donation, in a self-addressed envelope to:
Good Samaritan Health Clinic; 401 Arnold Street NE, Suite A, Cullman, AL 35055

Sponsor Name): _____
(as it should appear in donor newsletter)

*Please initial if you wish for your donation to remain anonymous: _____

*If your sponsorship is \$1,000 or more, do we have permission to acknowledge your sponsorship through the clinic's social media outlets: Yes _____ No _____

Contact Name (if different than sponsor name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail Address: _____

T-shirt Size (adult sizes only): _____

Donation Amount: _____ Date: _____

Thank you for making a difference in the well-being of our community, one patient at a time.