



SPONSORSHIP OPPORTUNITIES

ROOM SPONSORSHIPS

(each includes a custom plaque to be displayed outside the selected room for the duration of MKHC's initial lease)

<input type="checkbox"/>	\$25,000	Waiting Room (Temporarily Reserved)
<input type="checkbox"/>	\$7,000 ea.	Examination Room & Laboratory
<input type="checkbox"/>	\$3,000 ea.	Administrative Offices (8)

CUSTOM SPONSORSHIPS

<input type="checkbox"/>	\$10,000	Donor Wall (includes recognition on and input on the creation of a donor wall in a prominent area at MKHC that recognizes Reach's & MKHC's founders and major donors)
<input type="checkbox"/>	\$10,000	Health Education & Resources Corner (includes recognition in and input on the creation of an education-related space in the corner near the behavioral health room at MKHC)
<input type="checkbox"/>	\$5,000	Commemorative Wall (includes recognition on and input on the creation of a commemorative wall in a prominent area at MKHC that honors a Reach/MKHC donor)
<input type="checkbox"/>	\$2,500	Artwork (includes input on the creation and placement of a piece(s) of artwork by a local artist chosen by the sponsor and Reach/MKHC and recognition as a sponsor of the artwork)

SUSTAINABLE SPONSORSHIP

<input type="checkbox"/>	\$1,000/yr for 5 yrs.	Sustaining Sponsors will have their names added to a plaque outside the MKHC's front entrance that will be displayed for up to five (5) years.
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PAYMENT OPTIONS

Check (Recommended):

- Make your check payable to Mansfield Kaseman Health Clinic.
- Mail your check, along with this form, to 9420 Key West Ave., Ste. 400, Rockville, MD 20850.

Electronic payment:

- Use the "Donate Now" button at www.cmrocks.org/movemkhc.
- Select the sponsorship type.
- Complete and email this form to development@cmrocks.org.

SPONSOR INFORMATION

Please complete the information below.

Full Name:	Sponsorship Amount:
Company (if any):	Preferred Room Name:
Mailing Address:	
Email Address:	Phone No.: