



# Sponsorship Opportunities

## ABOUT THE WINTER MIXER

Now in it's 5th year, the Winter Mixer is an event for the young, and the young at heart! Attended by more than 100 people each December, the evening is organized by our Developing Leaders Council - a group of committed young professionals learning about nonprofit board service and serving as Health Center ambassadors in the community. The evening is a fundraiser for **Teen BLOCK**, our youth development program.



## WHAT IS TEEN BLOCK?

**Teen BLOCK** is a free after-school program providing a trusted space with caring adults who provide teens with the tools and support they need to make healthy choices and chart their own path of possibility. The program, which celebrated its 30th Anniversary last year, relies almost entirely on donations and grants.



*"If it wasn't for **Teen BLOCK** I would be out there in the streets - doing things kids shouldn't do."*

Jose, Teen BLOCK Peer Ambassador



## HOW YOU CAN GET INVOLVED

### SHINING STAR (\$1,000 Investment)

- Recognized at the event, may choose to have an information table or brief speaking opportunity
- Company logo/name listed in all event materials and on the Health Center's Website
- Featured in Health Center newsletter/email campaigns (distributed to approximately 1,000 contacts)
- 6 Tickets

### SUGAR PLUM (\$800 Investment)

- Recognized at the event
- Company logo/name listed in all event materials and on the Health Center's Website
- Featured in Health Center newsletter/email campaigns (distributed to approximately 1,000 contacts)
- 4 Tickets

### SNOW ANGEL (\$500 Investment)

- Recognized at the event
- Company name listed in all event materials and on the Health Center's Website
- 2 Tickets

***Thank you for your support and consideration!***



# Sponsorship Opportunities

**YES I would like to sponsor the 2019 Winter Mixer!**

**Organization/Individual Name** \_\_\_\_\_ (how you will be listed in materials)

**Primary Contact Name** (if different from above) \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

## SPONSOR LEVEL

☐ Shining Star (\$1,000)

☐ Sugar Plum (\$800)

☐ Snow Angel (\$500)

## PAYMENT TYPE

☐ Check Enclosed (made payable to Lowell Community Health Center)

☐ We will submit our payment online (Visit [www.lchealth.org/donate](http://www.lchealth.org/donate) to pay with a credit card)

## ARTWORK

☐ Yes, I have a logo I would like included in event materials, where possible (please send a high resolution copy of your logo to [development@lchealth.org](mailto:development@lchealth.org))

☐ No, I do not have a logo. Please just list my business name.

**Please complete and send to:**

**Lowell Community Health Center (attn: Development Department)**

**161 Jackson Street**

**Lowell, MA 01852**

**Email: [development@lchealth.org](mailto:development@lchealth.org)**



**THANK YOU FOR YOUR SUPPORT!**

## Questions?

If you have questions or would like to reserve your spot, contact:

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