

2026 SNOWFLAKE

BENEFITING HEALTH PARTNERSHIP CLINIC STREAK

Saturday, January 31, 2026 | 8:00 a.m. | Olathe Community Center | Stagecoach Park

PREMIER SPONSOR: \$15,000 [SOLD]

Thank you to  **Advent Health!**

PRESENTING SPONSOR: \$10,000

Acknowledged as Presenting Sponsor

Logo on T-shirt

Prominent logo on promotional materials, signage throughout Walk and Website

Logo Inclusions in eBlasts

Article in newsletter

1 Reserved Table (10 seats)

Opportunity to contribute logo items to gift bags

Opportunity to collaborate on HPC website blog

Event Slide Show recognition

Verbal Acknowledgment in Welcome Remarks

Speaking opportunity during Team Captain Rally

Opportunity to feature company pull up banner

Display of company info on table

FIRESIDE SPONSOR: \$5,000

Prominent logo on promotional materials, signage throughout Walk and Website

Logo Inclusions in eBlasts

Article in Newsletter

5 Reserved Seats at Table

Opportunity to contribute logo items to gift bags

Opportunity to collaborate on HPC website blog

Event Slide Show recognition

Verbal acknowledgement in Welcome Remarks

Display of company info on table

WINTRY SPONSOR: \$2,500

Logo on signage throughout Walk and Website

Logo Inclusions in eBlasts

4 Reserved Seats at Table

Opportunity to contribute logo items to gift bags

Event Slide Show recognition

Verbal recognition at event

Display of company info on table

COZY COMMUNITY SPONSOR: \$1,000

Logo on signage throughout Walk and Website

Logo Inclusions in eBlasts

2 Reserved Seats at Table

Opportunity to contribute logo items to gift bags

Event Slide Show recognition

Verbal recognition at event

HOT COCOA & COFFEE BAR SPONSOR: \$500

Exclusive Signage

Name Inclusion in eBlasts

Opportunity to contribute logo items to gift bags

Verbal recognition at event

FROSTY SPONSOR: \$250

Name Recognition in eBlast

*Please Note: Some subject to print deadlines

All Sponsors Receive:

Recognition on HPC website, inclusion in press releases, social media recognition, and listing on Snowflake Streak poster.

TO SPONSOR, COMPLETE THIS FORM, OR CONTACT: Hayward Lafferty | 913-276-7012 | hlafferty@hpccks.org



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PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- | | |
|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> PRESENTING SPONSOR: \$10,000 | <input type="checkbox"/> HOT COCOA & COFFEE BAR SPONSOR: \$500 |
| <input type="checkbox"/> FIRESIDE SPONSOR: \$5,000 | <input type="checkbox"/> FROSTY SPONSOR: \$250 |
| <input type="checkbox"/> WINTRY SPONSOR: \$2,500 | |
| <input type="checkbox"/> COZY COMMUNITY SPONSOR: \$1,000 | |

- ☐ I/We cannot attend, but would like to make a fully tax-deductible contribution of \$ _____ to Health Partnership Clinic.

SPONSOR INFORMATION:

SPONSOR NAME: _____

(Company, Organization, or individual name as it should appear in all published recognition)

CONTACT NAME: _____

ADDRESS: _____

CITY | STATE | ZIP: _____

EMAIL: _____ CELL: _____ WORK PHONE: _____

☐ INVOICE | Please send an invoice for sponsorship payment.

☐ CHECK | Enclosed is my check made out to Health Partnership Clinic.

☐ CREDIT CARD | Information provided below.

Name on Card: _____ Card Type: ____ VISA ____ MC ____ AMEX ____ DC

Billing Address: _____ City: _____ State: ____ Zip: _____

Card Number: _____ CVV Number: _____ Exp. Date: _____

MAIL TO: Health Partnership Clinic
Development Office
405 S. Clairborne, Suite 2
Olathe, KS 66062

Questions About Sponsorship Contact:
Hayward Lafferty | hlafferty@hpcks.org | 913-276-7012

