

Champions for Coverage

SPONSORSHIP COMMITMENT FORM

Name of Organization: _____

Your Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Questions? Visit www.cchi4families.org/champs or
Contact William Cervantes at William@cchi.org

\$20,000 LEAD SPONSOR LEVEL:
Logo on ALL printed materials, website/social media, recognition, exhibit table, banner displayed at event, 4 VIP dinner tickets, photo op with honorees, premier seating at event, listed as funder on website, and a partner sponsorship highlight presentation at event.

\$10,000 PLATINUM LEVEL:
Logo on ALL printed materials, website/social media recognition, exhibit table, banner displayed at event, 2 VIP dinner tickets, photo op with honorees, and premier seating at event.

\$5,000 GOLD LEVEL:
Logo on ALL printed materials, website/social media recognition, exhibit table, banner displayed at event, and 2 VIP dinner tickets.

\$2,500 SILVER LEVEL:
Logo on ALL printed materials, website/ social media recognition, and exhibit table.

\$1,000 BRONZE LEVEL:
Logo on event program and website/social media recognition.

\$500 PARTNER LEVEL:
Logo on event program



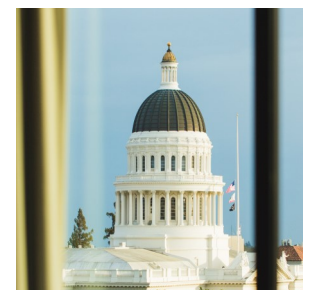
CALIFORNIA COVERAGE
& HEALTH INITIATIVES

Dear Valued Friend,

California Coverage and Health Initiatives (CCHI) invites you to participate in our 11th annual **Champions for Coverage Awards Reception** on **Monday, April 8, 2019 from 5:00 PM to 8:00 PM** at **The Citizen Hotel, 926 J St. Sacramento, CA.**

This is the night we honor **dynamic leaders in health care coverage** who are agents of positive change for Californians. **Your sponsorship** makes it possible for us to ensure that everyone enrolls in and has access to health care coverage.

CCHI is a **statewide association of over 35 members** and the largest network of enrollment, retention, and navigation entities in California. **Our members partner with over 623 community-based organizations and have a 20+ year history** of advocating for coverage for children and families and providing direct outreach, enrollment, and navigation services.



CCHI welcomes your commitment to sponsor even if immediate payment is not possible.

Commitment Amount: \$ _____ Send Me an Invoice Y | N

Name and Title: _____

Signature: _____ Date: _____

California Coverage and Health Initiatives
1107 9th Street, Suite 601, Sacramento, CA 95814
(916) 404-9442
www.cchi4families.org

Visit our event page at www.cchi4families.org/champs