

# Champions for Coverage

## SPONSORSHIP COMMITMENT FORM

Name of Organization: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Questions? Visit [www.cchi4families.org/champs](http://www.cchi4families.org/champs) or  
Contact William Cervantes at [William@cchi.org](mailto:William@cchi.org)

**\$20,000** **LEAD SPONSOR LEVEL:**  
Logo on ALL materials, website/social media, recognition, exhibit table, 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 materials, website/social media recognition, exhibit table, 2 VIP dinner tickets, photo op with honorees, and premier seating at event.

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

**\$2,500** **SILVER LEVEL:**  
Logo on ALL 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



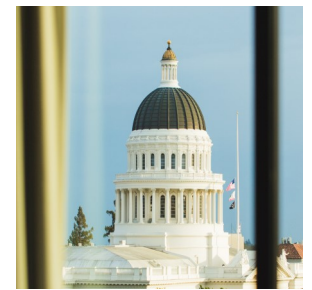
CALIFORNIA COVERAGE  
& HEALTH INITIATIVES

## 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](http://www.cchi4families.org)

Visit our event page at [www.cchi4families.org/champs](http://www.cchi4families.org/champs)