

SATURDAY, FEBRUARY 2, 2019
UPTOWN THEATER, KANSAS CITY

PRESENTING SPONSOR

\$25,000

- Two people to accompany the medical team on your mission of choice (includes travel expenses)
- Two premier tables with seating for 20
- Access to private auction preview with hosted bar
- Full-page ad in the program
- Recognition from the podium, on event collateral, and in-room signage
- Name or logo on all press and communications, including the Medical Missions Foundation website and social media promotion

GOLD SPONSOR

\$15,000

- Two premier tables with seating for 20
- Access to private auction preview with hosted bar
- Full-page ad in event program
- Recognition from the podium, event collateral, and in-room signage
- Name or logo on all press and communications, including the Medical Missions Foundation website and social media promotions

SILVER SPONSOR

\$10,000

- Two premier tables with seating for 20
- Access to private auction preview with hosted bar
- Half-page ad in event program
- Recognition from the podium and in-room signage
- Name or logo on the Medical Missions Foundation website

BRONZE SPONSOR

\$5,000

- One premier table with seating for 10
- Access to private auction preview with hosted bar
- Quarter-page ad in the program
- Recognition on in-room signage
- Sponsorship listing on the Medical Missions Foundation website

TABLE SPONSOR

\$2,500

- One premier table with seating for 10
- Access to private auction preview with hosted bar
- One-sixth-page ad in the program

PATRON SPONSOR

\$1,000

- Seating for 4 guests
- Name recognition in the program

PURCHASE YOUR SPONSORSHIP ONLINE AT WWW.MEDICALMISSIONSFUNDATION.ORG

OR COMPLETE AND RETURN THE FORM BELOW

- Presenting Sponsor - \$25,000
- Gold Sponsor - \$15,000
- Silver Sponsor - \$10,000
- Bronze Sponsor - \$5,000
- Table Sponsor - \$2,500
- Patron Sponsor - \$1,000
- Individual - \$175 x _____
- Individual *under 35* - \$125 x _____

TOTAL DUE \$ _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

COMPANY OR NAME AS YOU WOULD LIKE TO APPEAR IN PROGRAM/SIGNAGE:

PAYMENT INFORMATION

- PLEASE INVOICE ME CHECK IS ENCLOSED
- CREDIT CARD: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

CREDIT CARD #: _____

NAME ON CARD: _____

EXPIRATION: _____ CVC: _____

SIGNATURE: _____

- I am unable to attend but please accept my tax-deductible donation in support of Medical Missions Foundation in the amount of \$ _____



Please return completed form to:
8363 Melrose Drive | Lenexa, KS 66214 or Fax | 913-338-0281

Questions? Call 913-338-0343 or email
jen@medicalmissionsfoundation.org

THANK YOU FOR YOUR SUPPORT!