



June 10, 2026



TOMAGWA HealthCare Ministries

Partner's Appreciation Dinner

For tickets or sponsorship by credit card, visit tomagwa.org/dinner.
Questions? Email BrianaW@tomagwa.org. For check payments,
mail this completed form with check to TOMAGWA.

SPONSORSHIP PACKAGES & TICKETS

____ Presenting Sponsor | \$30,000 Exclusive Event Naming

Recognition as "Presenting Sponsorship" of the event, 3 VIP tables, Opportunity for brief remarks during the program, Private recognition with Dr. Flower, Prominent logo placement on all event materials, 2 full page program ads, social media spotlight + featured recognition.

____ Dr. Linda Flower Legacy Sponsor | \$15,000 Honoring a Life of Service

Name recognition at Dr. Flower's legacy gift presentation, 1 VIP table, verbal recognition, social media and program spotlight

____ Legacy Celebration Sponsor | \$10,000 Continuing a Legacy of Care

Naming recognition tied to TOMAGWA's history, 1 VIP table, verbal recognition during program full page program ad.

____ Excellence in care sponsor | \$5,000

6 Dinner tickets, Verbal recognition at welcome, Social media spotlight, Half-page ad in program

____ Access Without Barriers Sponsor | \$3,000

4 Dinner tickets, social media spotlight, Logo on presentation slides, ¼ page ad in program

____ Patient Experience Sponsor | \$2,500

3 Dinner Tickets, Social media spotlight, Logo on table signage, ¼ page ad in program

____ Community Care Sponsor | \$1,000

2 Dinner Tickets, Social media spotlight, Logo placement in program

Program Advertiser | \$500

____ Social media spotlight, Half-page ad in program

Additional Opportunities

____ Table (8 guests): \$1,000 ____ Individual Ticket: \$125



I cannot attend but would like to make a contribution in the amount of \$_____ toward the Patient Assistance Fund.

() Check \$_____ () Credit Card No. _____ Exp. _____ Zip _____ CVC _____

REGISTRATION INFORMATION

Please provide contact information for primary contact when purchasing sponsorships, tables or multiple tickets. Event staff will contact you for further details. Scan QR Code or visit www.tomagwa.org for more details and online registration.

Organization/Individual Name _____

Email _____ Phone: _____

Address _____