



May 20, 2022

Dear Friends of The C.W. Williams Community Health Center, Inc.,

On behalf of the 2022 planning committee, I would like to invite you to attend our 6<sup>th</sup> annual “Women’s Health & Doctor Recognition” luncheon fundraiser, to be held virtually on Thursday, October 6, 2022, with networking starting at 11:30 am and the program beginning as 12 Noon. Each year, this signature event brings together guests from throughout the Greater Charlotte area for an afternoon filled with networking opportunities, recognition of outstanding leaders in healthcare, and inspirational words from notable guest speakers. Net proceeds help to enhance access to comprehensive healthcare programs benefiting underserved patients who come to us from throughout Mecklenburg and surrounding counties.

Each day, CWWCHC provides high quality medical, dental, mental health, substance use disorder, pharmacy, case management, mobile medical and dental programming, community outreach, and patient transportation services for people of all backgrounds, regardless of ability to pay. Additionally, CWWCHC now offers acupuncture and Traditional Chinese Medicine to complement Western treatment. As a non-profit organization and Federally Qualified Health Center (FQHC), CWWCHC relies on private philanthropic support to provide much of the additional personnel and equipment needed to develop and sustain our comprehensive programs. The annual luncheon plays an important role in garnering such support. As such, we invite you to join us and other corporate sponsors in supporting our 2022 “Women’s Health & Doctor Recognition” luncheon. For your review, corporate sponsorship opportunities are outlined below. Each level offers exposure and recognition for your company at our most impressive event of the year. With your help, we will continue to provide special programs for our patients and their families.

We appreciate your consideration of support!

Sincerely,

Debra Weeks, Chief Executive Officer

## Sponsorship Levels & Benefits

### CWWCHC’s

### 6<sup>th</sup> Annual Women’s Health & Doctor Recognition Luncheon

Thursday, October 6, 2022

12 Noon until 1:00 pm

(A Virtual Event with

Pre & Post Event Networking)

Please complete and return the attached form by

Friday, September 23, 2022.

For more information, please

contact Kelly Hurley: 704-971-1482

khurley@cwilliams.org, or log online at [www.cwilliams.org](http://www.cwilliams.org).

<b>GOLD</b>	<b>SILVER</b>	<b>BRONZE</b>	<b>TABLE</b>
<b>\$3,500</b>	<b>\$2,500</b>	<b>\$1,500</b>	<b>\$750</b>
Two Tables (16 Guests)	One Table (8 Guests)	One Table (8 Guests)	One Table (8 Guests)
Full-Page Ad in Souvenir Booklet (Digital & Printed)	Half-Page Ad in Souvenir Booklet (Digital & Printed)	Quarter-Page Ad in Souvenir Booklet (Digital & Printed)	Table Sponsor Listing in Souvenir Booklet (Digital & Printed)
Prominent Recognition on CWWCHC website.	Prominent Recognition on CWWCHC website.	Recognition on CWWCHC Website	
Digital Lobby Banner & Logo Prominently Displayed on Sponsor Board	Digital Lobby Banner & Logo Prominently Displayed on Sponsor Board	Digital Lobby Banner & Logo Prominently Displayed on Sponsor Board	
Special Recognition From podium.	Special Recognition From podium.	Special Recognition From Podium	
Digital Expo Booth	Digital Expo Booth		
Social Media Mentions			
Company CEO or Senior Executive Featured In A Pre-Recorded, 60-Second Video Message			
Recognition on Event Marketing & Press Materials	<b>Platinum and Presenting Sponsorships are available. Please call 704-971-1482 for more information.</b>		

The C.W. Williams Community Health Center, Inc.  
Women's Health & Doctor Recognition Fundraiser  
*Celebrating 41 Years of Excellent Service to the Community!*

Thursday, October 6, 2022

A Virtual Event – 11:30 AM Networking ♦ Program 12:00 Noon to 1:00 PM

**SPONSORSHIP FORM**

(Please print)

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

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate how you would like for your name and information to appear in printed program materials:

\_\_\_\_\_

Sponsorship Level \_\_\_\_\_

Check Enclosed for \$ \_\_\_\_\_

Please Bill My Credit Card:

Card Type: \_\_\_\_\_ VISA/MC \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Code \_\_\_\_\_

Name As It Appears on Card \_\_\_\_\_

Signature \_\_\_\_\_

I will make my payment online at [www.cwwilliams.org](http://www.cwwilliams.org)

*Sponsorship Form*

**Please make checks payable to The C.W. Williams Community Health Center, Inc.**

**RETURN COMPLETED FORM TO:**

The C.W. Williams Community Health Center, Inc.

Attn: Kelly Hurley

800 Clanton Road, Suite M, Charlotte, NC 28217

Email: [khurley@cwwilliams.org](mailto:khurley@cwwilliams.org) ♦ Telephone: 704-971-1482

**Deadline:** Please return completed sponsorship form and high-resolution artwork by  
**Friday, September 23, 2021.**

Your contribution is tax deductible to the extent allowed by the IRS.

*Thank you for your support!*

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**AD ORDER FORM**

(Please print)

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

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ad Size: \_\_\_\_\_ Back Outside Cover: \$750\* \_\_\_\_\_ Full-Page Ad\*: \$350 (8½" W x 11" H)

\_\_\_\_\_ Back Inside Cover: \$500\* \_\_\_\_\_ Half-Page Ad: \$250 (8½" W x 5½"H)

\_\_\_\_\_ Front Inside Cover: \$500\* \_\_\_\_\_ Quarter-Page Ad: \$150 (4¼" W x 5½"H)

\* Ad comes with 2 event tickets.

Check Enclosed for \$ \_\_\_\_\_

Please Bill My Credit Card:

Card Type: \_\_\_\_\_ VISA/MC \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name As It Appears on Card \_\_\_\_\_

Signature \_\_\_\_\_

I will make my payment online at [www.cwwilliams.org/fundraiser](http://www.cwwilliams.org/fundraiser)

*Ad Form*

**Please make checks payable to The C.W. Williams Community Health Center, Inc.**

**RETURN COMPLETED FORM & CAMERA READY ARTWORK (JPEG or PDF) TO:**

The C.W. Williams Community Health Center, Inc.

Attn: Kelly Hurley

3333 Wilkinson Blvd., Charlotte, NC 28208

Telephone: 704-971-1482; Email: [khurley@cwwilliams.org](mailto:khurley@cwwilliams.org)

Deadline: Please return completed ad form and high-resolution artwork by

**Friday, September 23, 2022.**

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**TICKET ORDER FORM**

Yes, I would like to attend the 6<sup>th</sup> Annual Women's Health & Doctor Recognition Luncheon!

I am unable to attend but would like to make a tax-deductible donation of \$ \_\_\_\_\_

Enclosed is my check for \_\_\_\_\_ tickets at \$25 each (or 2 for \$40), for a total of \$ \_\_\_\_\_

Please bill my credit card a total of \$ \_\_\_\_\_

Your Name (Please print) \_\_\_\_\_

Card Type: \_\_\_\_\_ VISA/MC \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name As It Appears on Card \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_

Names of Guests, If Available (Tables seat 8 people):

1) \_\_\_\_\_ 5) \_\_\_\_\_

2) \_\_\_\_\_ 6) \_\_\_\_\_

3) \_\_\_\_\_ 7) \_\_\_\_\_

4) \_\_\_\_\_ 8) \_\_\_\_\_

Please make checks payable to The C.W. Williams Community Health Center, Inc.

**RETURN COMPLETED FORM TO:**

The C.W. Williams Community Health Center, Inc.

Attn: Kelly Hurley

3333 Wilkinson Blvd., Charlotte, NC 28208

Telephone: 704-971-1482; Email: khurley@cwwilliams.org

Deadline: Please return completed ticket form by **Friday, September 23, 2022.**

Your contribution is tax deductible to the extent allowed by the IRS. In accordance with IRS regulations for charitable events, we estimate that the value of food, beverages, and other items each guest will receive in connection with your contribution is \$0.

*Thank you for your support!*

*Ticket Order Form*