

Want to be a visible force for good in our community? When you partner with Child Health Partnership as a sponsor for our 10th annual Imagine Event, you will be supporting the healthy development of babies and children and promoting family well-being and self-sufficiency. Imagine all the good work we can do and inspiring stories we can tell together!

This year we won't be selling tickets or hosting tables, but we will be gathering virtually on October 6th at 7:30PM with special guests and stories that are sure to be as inspiring as Imagine has always been. And this special Imagine broadcast will be recorded and available to view long after the event.



VIP (Very Important Partner) \$500

Partners understand that everyone has something to contribute, and that we can do more together.

Dreamer \$1,000

Dreamers imagine a community where every child has the opportunity to grow up healthy, happy and prepared to succeed.

Hero \$3,000+

Heroes confront adversity and injustice and propel action with generosity and conviction.

Sponsorship Levels at a glance:

	Hero	Dreamer	VIP
Name and/or logo on the Child Health Partnership website			
Acknowledged in the IMAGINE event program			
Acknowledged in Child Health Partnership's Annual Report			
Listed on printed invitations sent to our full mailing list			
Featured on our Facebook page			
Acknowledged during livestreamed event			
Featured in one of our monthly e-newsletters			
Opportunity to present video message (live or pre-recorded) during event			

Want to talk about it? Contact Molly Fulton: molly.fulton@childhealthpartnership.org or call (434) 760-2937

Thank you for your support of 10 years of Imagine! You can make your payment online or complete and return the form below with your payment. Contact Molly Fulton with any questions: molly.fulton@childhealthpartnership.org or 434-760-2937

Sponsorship Levels:

<input type="checkbox"/>	Hero	\$ 3,000
<input type="checkbox"/>	Dreamer	\$ 1,000
<input type="checkbox"/>	VIP (Very Important Partner)	\$ 500

Name as you would like it to appear:

Address

City, State, Zip

Email

Phone

Please be sure to include your email and phone number so that we may be in touch with you to confirm guest names for your table. Logo files can be emailed to molly.fulton@childhealthpartnership.org

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