

Annual Sponsorship Opportunities

OLF	LINK	FOUNDATION
	PLATINUM ANNUAL PACKAGE (AII 3) -	- \$10,000
\$5,000 Golf Sponsor	🗖 \$5,000 LINK Partner	\$5,000 Foundation Member
8 Golf Registrations Special Event signage Primary logo on Event advertising and Thank You Space for Banner and Promotional Table at Event Rodeo Week Signage at Hospital Events	 Twenty Event Registrations Corporate Banner and Promotional Table at Event Logo on digital and print advertising Logo (medium-sized) in Post-Event Thank You advertising Company logo (medium-sized) on t-shirts 	 2024 Corporate Membership Fees Logo in Annual Donor Report Private Philanthropy Update Tour with Hospital Chie Corporate Features on SMH Digital Marketing Access to Gould St Conference Room for Corp. Meeting Health Talk for Employees Upon Request SMH & Foundation Updates, News, & Events
	GOLD ANNUAL PACKAGE (All 3) – \$5,0	000
\$2,500 Golf Sponsor	\$2,500 LINK Partner	\$2,500 Foundation Member
 4 Golf Registrations Signage on Hole-in-One Primary logo on Event advertising and Thank You Space for Banner and Promotional Table at Event Rodeo Week Signage at Hospital Events 	 Ten Event Registrations Signage on Event race course Logo on digital and print advertising Logo (small-sized) in Post-Event Thank You advertising 	 2024 Corporate Membership Fees Logo in Annual Donor Report Corporate Features In SMH Digital Marketing Access to Gould St Conference Room for Meetings Health Talk for Employees Upon Request
	• Company logo (small-sized) on t-shirts	• SMH & Foundation Updates, News, & Events
	SILVER ANNUAL PACKAGE (AII 3) – \$2	
\$1,000 Golf Sponsor	□ \$1,000 LINK Partner	\$1,000 Foundation Member
4 Golf Registrations Signage on Two Holes Logo on Event advertising and Thank You	 Five Event Registrations Signage on event race course Name in Post-Event Thank You advertising Company name listed on t-shirts 	 2024 Corporate Membership Fees Corporate Features In SMH Digital Marketing Access to Gould St Conference Room for Corporate Meetings SMH & Foundation Updates, News, & Events
	BRONZE ANNUAL PACKAGE (All 3) – S	\$500
] \$250 Golf Sponsor	🔲 \$250 LINK Partner	\$250 Foundation Corporate Member
Signage on One Hole Logo on Event advertising and Thank You	 Two Registrations Signage on Event race course Name in Post-Event Thank You advertising 	• 2024 Corporate Membership Fees • SMH & Foundation Updates, News, & Events

Sponsorship Annual Packages



307.673.2418 with questions.

Make your gift go further

Thank You For Your Contributions

Philanthropy plays an essential role and supports the continued growth of healthcare in Sheridan County. Established in 1976, The Foundation has created a lasting legacy and through our mission, we support excellent healthcare right here at home.

Across **25** specialties, more than **100** physicians and advance care practitioners, and nearly **900** total staff are ready to serve you. Your support continues to financially assist Sheridan Memorial Hospital with strategic and vital healthcare projects today and into the future.

We are grateful for the **1314** donors who gifted **\$6,321,665** last year. How fortunate we are to experience our donor's gratitude and put those contributions to work. We look forward to working with our valued partners in the coming year to ensure our neighbors, friends, family and **you** have excellent care now and into the future.



Have questions about getting involved with The Foundation or Ways to Give? Contact us at 673.2418 or use the QR code to learn more.

2025 Gift Form

Contact Information (Please print your corporate or family name as you would lik	e it to appear in Foundation publications	s.)		
Name(s):				
Contact Person:				
I wish to remain anonymous in Foundation publications				
Mailing Address:				
E-Mail Address:				
Payment Option (For selection made on Annual Sponsorship Opportunities Form.)				
Gift Amount: \$	to be paid on	/	/	
Invoice payment to above Mailing Address				
Cash Payment Check Payment (payable to SMH Foundation)				
Pledge (Pledge reminders will be sent as requested below.)				
My pledge is: Annual Quarterly Monthly Custom				
\$ payable over	_ years/months beginning on	/	/	
Tribute This gift is in Honor Memory of				
Signature:		Date:		
Print Name(s):				
Sheridan Memorial Hospital Foundation has a gift acceptance Policy in place and is available	able for review upon request. Your sponso	orship and a p	ortion of your golf tour	nament fee i

tax-deductible in accordance with section 501(c)(3) of the Internal Revenue Service Code. The tax-deductible amount will be reflected in your mailed gift receipt. Contact the office at