

CareFirstNY  
**BRUNCH**  
*In Bloom*  
 SIP, SAVOR & SUPPORT

# 2026 Sponsorship Opportunities

## Laurels of Promise - \$5,000

Presenting Sponsor



- “Presented by” naming rights
- Four (4) event tickets + reserved seating
- Verbal recognition in event remarks
- Opportunity to speak or provide a testimonial to share at event
- Featured mention in press release and all media appearances
- Three (3) cross-channel “featured sponsor” social media posts
- Logo on event materials and promotions
- Logo prominently displayed at event
- Logo/link on website/ticketing page
- Opportunity to be included in event follow up email
- First right of refusal for next year

## Roots of Compassion - \$2,000



- Two (2) event tickets + reserved seating
- Opportunity to provide a testimonial to share at event
- Mention in press release and all media appearances
- Two (2) cross-channel “featured sponsor” social media posts
- Logo on event materials and promotions
- Logo displayed at event
- Logo/link on website/ticketing page

## Blossoms of Hope - \$1,000



- Two (2) event tickets + reserved seating
- Mention in press release
- One (1) cross-channel “featured sponsor” social media post
- Logo on event materials and promotions
- Logo displayed at event
- Logo/link on website/ticketing page

## Stems of Healing - \$500



- One (1) cross-channel social media mention
- Logo on event materials and promotions
- Logo displayed at event
- Logo/link on website/ticketing page

## Seeds of Support - \$250

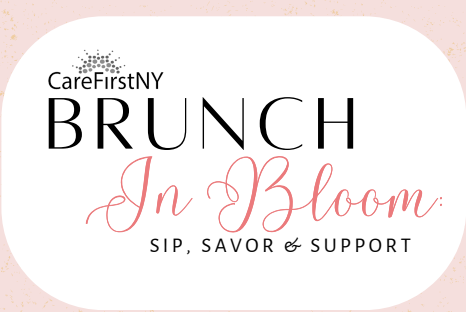


Helping the Community Grow Roots & Reach Higher



- Logo on event materials and promotions
- Logo displayed at event
- Logo/link on website/ticketing page

**Please complete the form on the next page to secure your sponsorship!**



# 2026 Sponsorship Form



Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Sponsorship Level: \_\_\_\_\_ Amount: \$\_\_\_\_\_

**I would like to donate an item/package for your:**

\_\_\_\_\_ Raffle (<\$500 value)

\_\_\_\_\_ Live Auction (\$500+ value)

Please describe your donation item(s)/package below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Value: \$\_\_\_\_\_

***Please mail form and payment by April 10 to:***

CareFirstNY, Inc.  
Attn: Cindy Lewis  
3805 Meads Creek Road  
Painted Post, NY 14870

If you wish to pay via credit card, please contact Cindy Lewis at:  
LewisC@carefirstny.org | (607) 962-3100

