



# DEAF CHILI COOK-OFF

FEBRUARY 7, 2026 | 11AM - 3PM



## SPONSORSHIP OPPORTUNITIES

Benefits	Chili Champion Title Sponsor \$2,500 1 Available	Bowl of Impact Sponsor \$1,000	Ladle of Love Sponsor \$750	Spoonful of Support Sponsor \$500	Dash of Kindness Sponsor \$250	Pinch of Heat Sponsor \$100
Event recognition as "Chili Cook-Off presented by [Business Name]"						
Speaking opportunity	2-3 minutes to speak at event					
Opportunity to have vendor table at event						
Logo placement	Largest placement on all event materials	Prominent logo on all event materials	Logo on event signage	Logo on event signage	Name listed on event signage	Name listed on event signage
Recognition at event	Verbal recognition throughout event	Verbal recognition at opening & closing remarks	Verbal recognition at event	Verbal thank-you mention	Verbal thank-you mention	Verbal thank-you mention
Media inclusion	Social media title sponsor spotlight	Social media thank-you	Social media thank-you	Social media group thank-you	Social media group thank-you	Social media group thank-you
Press release inclusion	Identified as title sponsor					
Free chili tasting	5	4	3	2	2	1



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## Sponsorship Agreement Form

### Level of Sponsorship

<input type="checkbox"/> CHILI CHAMPION TITLE SPONSOR \$2,500 1 AVAILABLE	<input type="checkbox"/> SPOONFUL OF SUPPORT SPONSOR \$500
<input type="checkbox"/> BOWL OF IMPACT SPONSOR \$1,000	<input type="checkbox"/> DASH OF KINDNESS SPONSOR \$250
<input type="checkbox"/> LADLE OF LOVE SPONSOR \$750	<input type="checkbox"/> PINCH OF HEART SPONSOR \$100

*\*See attached sponsorship opportunities page for details on sponsorship benefits\**

Name, Company, Group, or Organization (as you would like to be recognized on print materials): \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Phone: (required): \_\_\_\_\_ Email (required): \_\_\_\_\_

**Total Amount Due: \$\_\_\_\_\_**

**Payment Method:**  VISA  Master Card  Check

*Make checks payable to Sally J. Pimentel Deaf & Hard of Hearing Center*

Check #: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Include CCV \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**PLEASE ATTACH A HIGH-RESOLUTION COMPANY LOGO FILE**

**EMAIL COMPLETED FORM AND LOGO TO: AMYTURNER@DHHC.LIFE**

**DROP OFF OR MAIL FORM AND CHECK TO:**

**SALLY J. PIMENTEL DEAF & HARD OF HEARING CENTER**

**1860 BOY SCOUT DR. B208, FORT MYERS, FL 33907**