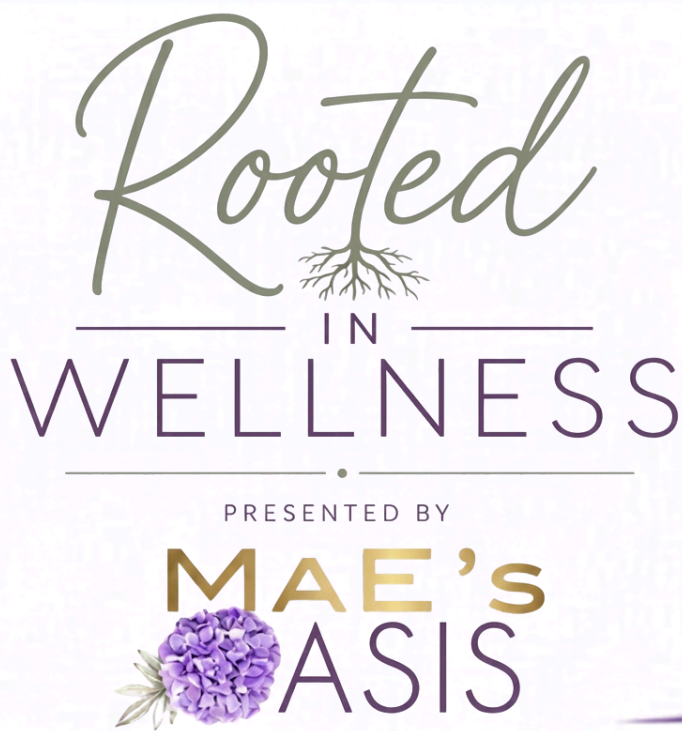




Rooted in Wellness 2026 Sponsorship Packet

Dear Community Partner,

We invite you to partner with MaE’s Oasis for Rooted in Wellness 2026, a free community health and wellness fair on September 12, 2026, at the Josh Gibson Center in Buena Vista, Georgia.

This uplifting event will welcome approximately 200 participants and will focus on nutrition education, health screenings, wellness resources, healthy food access, and family-friendly activities for all ages.

Your sponsorship or in-kind donation will help provide wellness bags, fresh fruits and vegetables, healthy snacks, bottled water, educational materials, and other resources that encourage lifelong healthy habits.

In addition to supporting Rooted in Wellness 2026, your generosity will help advance MaE's Pantry of Hope, a community initiative currently in development to increase year-round access to nutritious foods for individuals and families experiencing food insecurity. As we work to build and launch the pantry, donations of healthy food items, wellness products, and financial support will help establish a sustainable resource that extends the impact of Rooted in Wellness far beyond a single day.

Thank you for investing in the health and well-being of our community.

Together, we can grow a healthier tomorrow.

REQUESTED IN-KIND DONATIONS



Health & Wellness Items



Nutrition & Healthy Living



Family & Children’s Items



Safety Items

SPONSORSHIP LEVEL		INVESTMENT	BENEFITS
	Presenting Sponsor	\$5,000	exclusive recognition, premier logo, speaking opportunity, vendor booth
	Harvest Sponsor	\$2,500	large logo, vendor booth, featured recognition
	Growth Sponsor	\$1,000	medium logo, vendor booth, social media recognition
	Community Sponsor	\$500	logo on signage, vendor booth
	Friend of Wellness	\$250	name on signage and recognition

SPONSORSHIP COMMITMENT FORM

Organization _____

Contact Name _____

Email _____

Phone _____

SELECT ONE:

☐ Presenting Sponsor (\$5,000)

☐ Harvest Sponsor (\$2,500)

☐ Growth Sponsor (\$1,000)

☐ Community Sponsor (\$500)

☐ Friend of Wellness (\$250)

☐ In-Kind Sponsor (describe) _____

Estimated Value \$ _____ Signature _____ Date _____