



2024

SPONSORSHIP
OPPORTUNITIES

ABOUT US

The Children's Foundation focuses every day on the health and well-being of children in Michigan.

Through grantmaking, advocacy, and bringing together passionate philanthropists who want to improve the lives of children, The Foundation is a catalyst for change, creating meaningful impact today and for generations to come.

Our work creating more equitable opportunities for children's health has a history that traces back to supporting the Children's Hospital of Michigan. For more than 140 years, we have stewarded funds to enable better treatment and improve health outcomes.

As The Foundation has grown and evolved, we have broadened our approach to provide for kids both inside and outside the hospital, focusing on the most urgent health needs of kids in our region.

Join us in our efforts.

When you join us as an event sponsor, your organization's dollars will be put to the best use in our community, creating long-lasting resources and solutions that improve the lives of kids.

We invite you to align your organization's values with impact and engagement because together, we can do more.

Since 2011, we have awarded more than \$80 million in grants to create meaningful change for kids

MORE THAN
\$80M
SINCE 2011

FOCUS AREAS

Mental Health

Substance Use Disorder

Health Equity & Access

Legacy Initiatives
at Children's Hospital of Michigan

MISSION

The Children's Foundation is a catalyst for change, partnering with the community to advance solutions and discoveries that improve the physical and mental health of children in Michigan.

VISION

Our vision is a Michigan where all children have equitable opportunities to lead healthy lives



Children's Foundation



Date: May 4, 2024

Time: 4-8PM

Location: Country Club of Detroit
Grosse Pointe

PROCEEDS SUPPORT:

The Children's Foundation's mission to improve the mental and physical health of kids in Michigan.



SPONSORSHIP DELIVERABLES

PRESENTING \$30,000	PLATINUM \$15,000	GOLD \$10,000	SILVER \$5,000	BRONZE \$3,000
(12) tickets	(8) tickets	(6) tickets	(4) tickets	(2) tickets
Recognition as Presenting Sponsor in all promotional assets	Featured logo on digital fundraising platform	Logo recognition on print and digital signage at event	Logo recognition on print and digital signage at event	Logo recognition on print and digital signage at event
Company produced video (:60 or less) to air, or spokesperson to speak at event	Recognition during event ceremony	Featured name/logo recognition on The Foundation website	Featured name/logo recognition on The Foundation website	Featured name/logo recognition on The Foundation website
Featured name/logo recognition: Event page on The Children's Foundation website E-newsletters from The Foundation during event promotion Social media Print and digital signage at event	Featured name/logo recognition: Event page on The Children's Foundation website Social Media Print and digital signage at event	Featured recognition on ONE: Name Tags Specialty Drink Entertainment		
Pre-event committee engagement opportunities	Featured recognition on ONE: Photo Prints Bidding paddles Mission Moment			
Post-event social media recognition	Bar sponsor +\$5,000 (1 Opportunity)			



COMMITMENT FORM

COMMITMENT FORM DEADLINE: April 9, 2024

3011 W. Grand Blvd., Suite 218
Detroit, MI 48202

Company/Name as you would like it to appear where recognition

Dr. Mr. Mrs. Ms.

Contact Name & Title _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

SPONSORSHIP OPPORTUNITIES

ADDITIONAL OPPORTUNITIES

Presenting - \$30,000

Donation Amount: _____

Platinum - \$15,000

Gold - \$10,000

Silver - \$5,000

Bronze - \$3,000

Print Deadline: April 9, 2024

Low resolution/logos received after this date will NOT be printed on signage or other promotional materials

PAYMENT/BILLING ALL SPONSORSHIPS MUST BE PAID IN FULL PRIOR TO APRIL 9, 2024

Payment Enclosed - check payable to The Children's Foundation (Federal Tax ID 32-0087353) Send invoice to address below

Please charge my credit card American Express Discover Visa Mastercard

Name on card/Contact Name _____ Title: _____

Card Number _____ Expiration date _____ CVV _____

Billing Address _____

City: _____ State: _____ Zip: _____

Email: _____

Signature: _____ Date: _____

Please return this form and high-res EPS logos to:
Katie Couture - KCouture@YourChildrensFoundation.org