

2021 Annual Benefit Sponsorship Opportunities

Yes, our company would like to sponsor the Annual Benefit at the selected level:								
\$5,000	\$2,500	\$1,000	□ \$500	\$250				
I/we do not require Hospital. Please ac	•	•		support New Londor				
Company								
Contact Name		Contact Title						
Phone		Email						
Address								
City/State/Zip								
Method of Payment								
Check (made payable to	New London Hospit	tal) or credit card	d as follows:					
Name on Card								
Card Number								
Expiration Date		Card Billing Zip (Code					
Please return form to:								
New London Hospital		Fo	r more informati	on about				
Community Relations and Development		the	the event call: 603-526-5373					

273 Country Road, New London, NH 03257



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	\$5,000	\$2,500	\$1,000	\$500	\$250
Corporate name featured on event webpage, social media** and additional pre- and post-event marketing.*		$\sqrt{}$			\checkmark
Recognition on event day signage.	\		\checkmark		\
Corporate name/logo (hyperlink) featured on event webpage (hyperlink), social media** and additional preand post-event marketing.	✓	\checkmark	\		
Corporate name/logo featured at guest check-in area and walkways between cocktail reception and dinner.					
Corporate name verbally recognized during event.	/				
Featured sponsor listing on social media.	\checkmark				
Featured sponsor listing in one NLH art exhibit hallway. (16 weeks).	/				
Short story in NLH Friends Newsletter with topic " Why your business/org. supports NLH."					
Table for eight guests.	/	$\sqrt{}$			
Four guest registrations.			√		
Two guest registrations.				$\sqrt{}$	

^{*}Please note ad space and tickets/tables are not cumulative.

^{**} Inclusion in pre-event promotion materials is dependent on commitment date.