


[hswestmi.org/birthday](https://hswestmi.org/birthday)

**HUMANE SOCIETY**   
OF WEST MICHIGAN



# Happy *Birthday*

**We Are Turning 138!**

Join us for this fun family celebration!

**Sunday, June 27th, 2021**

11:00am - 3:00pm

at Humane Society of West Michigan

## Birthday Party

# Sponsorship Opportunities

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**\$1,000**

### Best Fur-iend

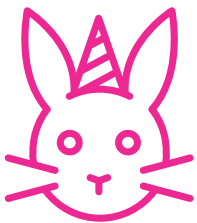
- Mentions on Radio and TV Media Appearances
- Logo on Event Website
- Social Media Promotion
- Acknowledgment in Humane Society of West Michigan's Impact Report to nearly 4,000 HSWM supporters
- Prominent Positioning of Signage at the Event (Company Provided)
- Opportunity to Host a Top Level Activity or Booth at the Event



**\$500**

### Paw-ty Partner

- Mentions on Radio Appearances
- Logo on Event Website
- Social Media Promotion
- Opportunity to Host a Medium Level Activity or Booth at the Event



**\$250**

### Happy Tail

- Logo on Event Website
- Social Media Promotion
- Employee Volunteer Opportunities at the Event

# Birthday Party Sponsorship Form



- Best Fur-iend**
- Paw-ty Partner**
- Happy Tail**
- We are not able to sponsor the Birthday Party event this year, but would like to make a fully tax-deductible contribution of \$ \_\_\_\_\_ to Humane Society of West Michigan.

## MAKE CHECK PAYABLE TO: Humane Society of West Michigan

3077 Wilson Drive NW  
Grand Rapids, MI 49534

Or call 616.791.8057 to pay by credit card

For more info or to get involved, please contact:

### MEGAN ELLINGER Events Coordinator

mellinger@hswestmi.org  
www.hswestmi.org  
616.791.8089

3077 Wilson Drive NW  
Grand Rapids, MI 49534

Please **print** desired name as you would like it to appear on all printed materials.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

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

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Total Sponsorship \$

- I have read the terms of the sponsorship proposal and agree to them in full.

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
HSWM Representative

\_\_\_\_\_  
Date

HSWM Staff Use:

**Payment Received**

**Invoice Mailed**

**Development Verified**