



Mental Health challenge

August 1st-31st

**Become a Sponsor of our NEW
Peer-to-Peer Wellness Challenge**



Gateway Longview
protect • enrich • give hope



new directions
YOUTH AND FAMILY SERVICES

In partnership with:



New View Alliance



Sponsorship Benefits

Stand out with name & logo feature in:

- co-branded marketing materials
- all digital & print media promotions
- co-branded P2P participant tool kit
- premium placement on event tshirt

Increase awareness with company logo included in:

- event marketing materials
- all print media promotions

Reach a wider audience with:

- Name & logo in GL & ND donor e-newsletters July-Aug-Sept (reaching 3,500 donors each month)
- Company logo in GL & ND Community Impact Reports covering August 2023

Make a splash online with:

- individualized social media shout outs (reaching 4,200)
- company logo on event website with clickable link

Participate in style with:

- logo (single color) on participant tshirt. *Size and placement according to sponsor levels.
- receive gifted t-shirts
- **Logos due by : 7/10/23**

Recognition and thanks for your support:

- social media thank you
- company ad in virtual program
- *Size and placement according to sponsor levels.

Raffle Prize Entries

	PRESENTING - \$10,000	CHAMPION - \$5,000	PARTNER - \$2,500	ADVOCATE - \$1,000	FRIEND - \$500	PATRON - \$250
Stand out with name & logo feature in:	✓					
Increase awareness with company logo included in:	✓	✓				
Reach a wider audience with:	✓	✓				
Make a splash online with:	✓	✓	✓			
Participate in style with:	12	9	7	5		
Recognition and thanks for your support:	✓	✓	✓	✓	✓	✓
Raffle Prize Entries	20	10	8	6	4	2

SPONSORSHIPS

Commitment needed by **7/21/23** T-shirt logos must be delivered by **7/10/23** to be included

Yes! I want to support more than 10,000 children and families across Western NY!

Sponsorship Level

PRESENTING - \$10,000

ADVOCATE - \$1,000

CHAMPION - \$5,000

FRIEND - \$500

PARTNER - \$2,500

PATRON - \$250

Company Name: _____

Name for Promotional Purposes: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone & Email: _____

Payment Information:

Please invoice me at the address above

I have enclosed a check made payable to (circle one): Gateway Longview Foundation
New Directions Foundation

Please call me to process a credit card

Completed forms can be returned to:

Gary J. Rouleau - Gateway Longview

Vice President of Foundation & Organizational Advancement

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Leslie Disbro - New Directions

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