



SPONSORSHIP LEVELS

Raising Hope

Sponsor of Inspiration \$10,000

Name/Logo paired with event logo
Name/Logo on select e-mail communications
Name/Logo on social media platforms
Mention on GGNWO website
Name/Logo prominently placed on event signage and program
Acknowledgement from podium
Opportunity to speak at event
Preferred Table for 10 at event

Sponsor of Hope \$7,500

Name/Logo highlighted in event promotional materials
Name/Logo (linked to your website) in GGNWO newsletter for one year
Name/Logo on social media platforms
Mention on GGNWO website
Name/Logo highlighted on event signage and program
Acknowledgement from podium
Preferred Table for 10 at event

Sponsor of Healing \$5,000

Name/Logo featured in event promotional materials
Name/Logo (linked to your website) in GGNWO newsletter
Name/Logo on social media platforms
Mention on GGNWO website
Name/Logo on event signage and program
Preferred Table for 10 at event

Sponsor of Compassion \$2,500

Name/Logo featured in event promotional materials
Name/Logo in GGNWO newsletter
Name/Logo on social media platforms
Mention on GGNWO website
Name/Logo in event program
Premier seating for 6 at event

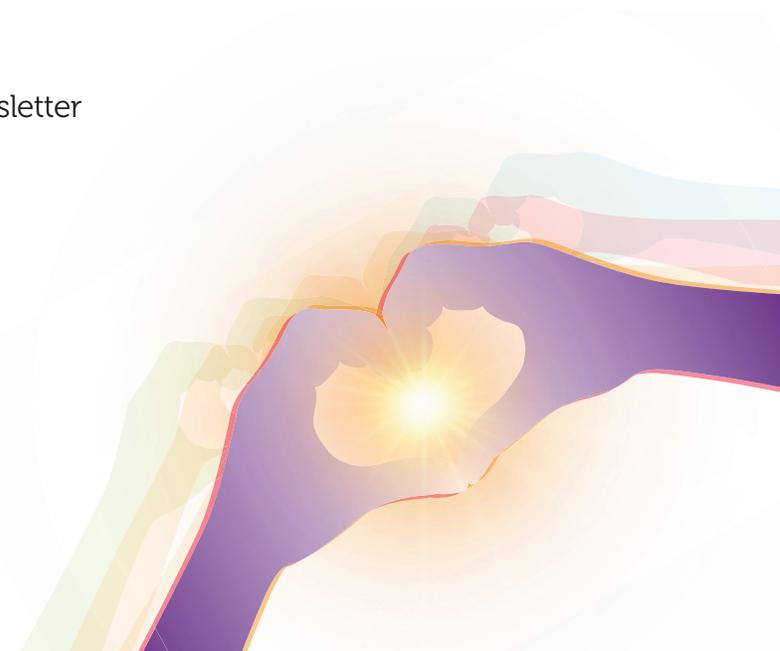
Sponsor of Support \$1,500

Name/Logo in GGNWO newsletter
Mention on GGNWO website
Name/Logo in event program
Premier seating for 4 at event

Friend of GGNWO \$500

Mention on GGNWO website
Name in event program
Two complimentary tickets

Sponsorship for this event funds operating support for 2026 which is where all programming starts. Since 2022, we have raised over \$475,000 through this event, impacting hundreds of children, teens, families, and young adults.



Raising Hope – 2026 Sponsorship Form

I / we will support Raising Hope for Good Grief at the following level:

- \$10,000 – Sponsor of Inspiration
- \$7,500 – Sponsor of Hope
- \$5,000 – Sponsor of Healing
- \$2,500 – Sponsor of Compassion
- \$1,500 – Sponsor of Support
- \$500 – Friend of GGNWO
- I'd like to make a general donation in the amount of \$ _____ .
- I'd like to donate an auction item. Please call me!

Name _____		Company _____	
Address _____		<input type="checkbox"/> home	<input type="checkbox"/> work
City _____	State _____	Zip _____	
Phone _____		<input type="checkbox"/> cell	<input type="checkbox"/> home <input type="checkbox"/> work
Email _____			

My support should be recognized as: Business Individual

Payment Options

- My check is made payable to Good Grief of Northwest Ohio, Inc. for \$ _____ is enclosed.
- Please invoice me for payment. *(Unless otherwise noted, invoice will be emailed to address above.)*
- Please charge my credit card for \$ _____ .

Name on card: _____

Card number: _____ Exp: _____ CVC: _____

Billing address *(if different from above)* _____

City, State, Zip: _____

- To make a secure payment online, scan the QR code or visit goodgriefnwo.org/pages/sponsor-raising-hope



THANK YOU!

Email completed form to: dorothy@goodgriefnwo.org or mail to:
Good Grief of Northwest Ohio, Inc. 1900 Indian Wood Cir Suite 202 Maumee, OH 43537

www.goodgriefnwo.org