

SPONSORSHIP LEVELS

AN EVENING TO
BENEFIT GOOD GRIEF!



**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
GCNWO 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
GCNWO newsletter
for one year

Name/Logo on social
media platforms

Mention on
GCNWO 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
GCNWO newsletter

Name/Logo on social
media platforms

Mention on
GCNWO 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
GCNWO newsletter

Name/Logo on social
media platforms

Mention on
GCNWO website

Name/Logo in
event program

Premier seating
for 6 at event



**Sponsor of
Support
\$1,500**

Name/Logo in
GCNWO newsletter

Mention on
GCNWO website

Name/Logo in
event program

Premier seating
for 4 at event



**Friend of
GCNWO
\$500**

Mention on
GCNWO website

Name in
event program



Sponsorship for this event helps fund operating support for 2025.

Since 2022, we have raised over \$325,000 through this event - supporting over 600 young people!

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 made payable to Good Grief of Northwest Ohio for \$_____ is enclosed.

Please invoice me for payment. *Unless otherwise noted, invoice will be e-mailed to address above.*

Please charge my credit card.

Name on Card: _____

Credit Card No. _____ Exp. ____ CVC ____

Billing Address (if different from above) _____

City / State / Zip _____

Visit goodgriefnwo.org/pages/sponsor-raising-hope to make a secure payment on-line.

THANK YOU!

**E-mail completed form to: dorothy@goodgriefnwo.org
or mail to:**

Good Grief of Northwest Ohio, Inc.
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www.goodgriefnwo.org