

# Community Health Center of Lubbock Sponsorship Opportunities 2026

Please complete both sides of form

## HELLO SUMMER: June 5, 2026 from 5:30 to 7:00 PM

The Hello Summer event is a family BBQ and Painting Party benefitting CHCL.

This year's event will help fund a dedicated patient room naming.

All sponsorships include a reserved table for 8.

- ☐ \$5,000 | CHCL Presenting Sponsor (1), logo on all print and digital materials, invitations, and signage
- ☐ \$2,500 | Location Sponsor (8), logo on signage associated with sponsorship (i.e. bar, catering, etc.)
- ☐ \$1,000 | Table Sponsor, logo on main signage at event

## COMPASSION IN ACTION GOLF TOURNAMENT: September 21, 2026 at LakeRidge Country Club

- ☐ \$10,000 | Tournament Sponsor, recognition on special tournament promotions, includes four golfers, tee box sign, mulligan packet, company sponsor signs, company swag in goody bag
- ☐ \$5,000 | Platinum Sponsor, includes four golfers, tee box sign, mulligan packet, company sponsor signs, company swag in goody bag
- ☐ \$3,500 | Driving Range Sponsor, includes four golfers, tee box sign, mulligan packet, company sponsor signs
- ☐ \$3,500 | Lunch and Beverage Sponsor, includes four golfers, recognition as lunch sponsor, mulligan packet
- ☐ \$1,500 | Move-Up Sponsor, includes four golfers, recognition as sponsor
- ☐ \$500 | Longest Drive Sponsor, includes tee box sign, recognition as sponsor
- ☐ \$500 | Closest to Pin Sponsor, includes tee box sign, recognition as sponsor
- ☐ \$350 | Tee Box Sponsor, includes company sign at tee box
- ☐ \$750 | Price per Team

## ANNUAL DONOR APPRECIATION EVENT: November 2026

- ☐ \$5,000 | CHCL Presenting Sponsor (1), logo on all print and digital materials, invitations, and signage
- ☐ \$2,500 | Location Sponsor (8), logo on signage associated with sponsorship (i.e. bar, catering, etc.)
- ☐ \$1,000 | Table Sponsor, logo on main signage at event

## DONATION AMOUNT

Additional contribution: \$ \_\_\_\_\_

TOTAL DONATION: \$



# Community Health Center of Lubbock Sponsorship Application

Please complete both sides of form

Name/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT INFORMATION

☐ Mail your form and payment to:  
Attn: Liz Lopez  
Community Health Center of  
Lubbock  
1610 5th Street  
Lubbock, TX 79401

☐ Email your form and request an  
invoice for payment:  
development@chclubbock.org

Total Enclosed: \$ \_\_\_\_\_ (Please make checks payable to Community Health Center of Lubbock)

☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

## RECOGNITION OF SPONSORSHIP

Thank you for your sponsorship. Based on the total amount given, you and/or your agency will be recognized on CHCL's website and its social media platforms under the appropriate category listed below.

- Visionary Sponsor | \$25,000
- Health Champion | \$10,000
- Wellness Advocate | \$5,000
- Compassionate Partner | \$2,500
- Community Supporter | \$1,000

For more information, please contact us at:  
phone: (806) 765-2611 ext. 1110 or email: elopez@chclubbock.org

