

2020 SPONSORSHIP INFO



3rd Annual

BENEFITING MERCY CLINIC

SHOOT FOR MERCY

Saturday, September 26, 2020

8am - 1pm

Full day of activities includes breakfast, clay shoot competition, auction & lunch.



DEFENDER OUTDOORS
Clay Sports Ranch

8270 Aledo Road, Fort Worth, Texas 76126

GREAT FOOD • GREAT PRIZES • GREAT AUCTION ITEMS





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DIAMOND SPONSOR - \$7,500

- Sponsor recognition in all event public relations announcements
- Company logo to be featured in all advertising, events and signage
- In-event recognition banner
- Name and link to sponsor's website from Mercy Clinic website through December 31, 2020
- Registration for two (2) teams of four (4) at the event
- First right to renew Diamond Sponsorship in 2021 (Renewal deadline January 31, 2021)

PLATINUM SPONSOR - \$5,000

- Sponsor recognition in event public relations announcements
- Company logo to be featured in all advertising, events and signage
- In-event recognition
- Registration for two (2) teams of four (4) at the event

GOLD SPONSOR - \$2,500

- Sponsor recognition in event public relations announcements
- Company logo to be featured in all advertising, events and signage
- In-event media recognition
- Registration for one (1) team of four (4) at the event

SILVER SPONSOR - \$1,000

- Company logo to be featured in all advertising, events and signage
- Mention from the podium
- Registration for one (1) team of four (4) at the event

STATION SPONSOR - \$500

- Recognition as Station Sponsor with signage at one designated target platform
- In-event media recognition

TEAM OF FOUR - \$400

- Registration for Teams and individuals begins June 1

QUESTIONS?

Jerry Payne • 817-996-9445 • jerry@mercy-clinic.org

Doug Price • 817-233-2804 • dougprice@mercy-clinic.org



ABOUT MERCY CLINIC

Mercy Clinic's mission is to show Christ's love and compassion by providing free health care, spiritual guidance and assistance in self-help to the underserved community in Fort Worth.



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DonorName _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Enclosed is my check payable to Mercy Clinic of Fort Worth in the amount of \$ _____

Please charge my VISA MASTERCARD Exp Date _____

Card Number _____ Security Code _____

Name on Card _____

Signature _____

Please direct my gift to: Medical, Dental, Spiritual Needs 2020 Vision Other

My gift is in memory of in honor of _____

Please send an acknowledgement card to:

Name _____

Address _____

City/State/Zip _____

If preferred, give online at www.mercy-clinic.org. Click on Donate.

Mission Travis Mercy is a tax-exempt charitable organization as described in Section 501(c)(3) of the IRS Code.
Tax ID 45-3851621



Mercy-Clinic.org • mercyclinic@mercy-clinic.org • 817-840-3501

