

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 (Fair Market Value \$480)

- 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 (Fair Market Value \$480)

- 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 (Fair Market Value \$240)

- 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 (Fair Market Value \$240)

- 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 (Fair Market Value \$0)

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

TEAM OF FOUR - \$400 (Fair Market Value \$240)

- 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

In accordance with I.R.S. Rules, a portion of your payment may be tax deductible. The estimated amount deductible is the difference between your donation and the Fair Market Value (FMV) listed with each donation level.



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

