

The Health & Performing Arts Collective, Inc.

Sponsorship & Donation Submission Form

Thank you for supporting The Health & Performing Arts Collective, Inc. (HPAC). Your partnership helps expand access to health, wellness, and performing arts education in underserved communities.

SECTION 1: Sponsor / Company Information (Required for 1099 Reporting)

Legal Business Name (as registered with IRS):

DBA (if applicable):

Federal Tax ID (EIN) or SSN (for sole proprietors):

Business Entity Type:

Corporation S-Corp Partnership LLC Sole Proprietor Nonprofit

Other: _____

Business Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Remittance Address (if different):

Primary Contact Name:

Title:

Phone Number:

Email Address:

THE HEALTH AND
PERFORMING ARTS
COLLECTIVE, INC.

SECTION 2: Sponsorship Details

Sponsorship Level:

- Title Sponsor - \$10,000 +
- Platinum Sponsor - \$5,000
- Gold Sponsor - \$2,500
- Silver Sponsor - \$1,000
- Community Partner - \$500
- Custom Sponsorship (describe below)

Sponsorship Amount:

\$ _____

Payment Method:

- Check (payable to The Health & Performing Arts Collective, Inc.)
- ACH

Is this sponsorship designated for a specific program or event?

- Yes
- No

If yes, please specify program/event:

SECTION 3: Recognition & Promotional Information

(Please provide exactly how you would like your organization recognized.)

Company Name for Promotional Materials (as it should appear):

Tagline (if applicable):

Company Website:

Social Media Handles (if applicable):

Facebook: _____

Instagram: _____

LinkedIn: _____

Other: _____

HIPAC



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Company Description (50–100 words for program/event materials):

Logo Submission:

- I have attached a high-resolution logo (PNG or vector preferred)
- I will email logo to: jobannamichelle@gmail.com

Do you grant HPAC permission to use your company name, logo, and brand assets for promotional purposes related to this sponsorship?

- Yes
- No

SECTION 4: Authorized Signature

I certify that the information provided is accurate and authorize The Health & Performing Arts Collective, Inc. to recognize our organization according to the selections above.

Authorized Representative Name: _____

Signature: _____

Date: _____

SECTION 5: For HPAC Administrative Use Only

Date Received: _____

Amount Received: _____

Deposit Date: _____

Acknowledgment Sent: _____

1099 Required: Yes No

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