



**American Red Cross**  
New Hampshire and  
Vermont Region



---

## SOUND THE ALARM SPONSORSHIP OPPORTUNITIES

---

### TITLE SPONSOR (\$10,000)

- Speaking opportunity at Sound the Alarm kickoff event
- Recognition on regional Sound the Alarm website, and as Title Sponsor in press release(s)
- On-site recognition at kickoff event with company-provided banner
- Recognition on social media channels
- Red Cross Sound the Alarm web banner for company website
- Volunteer engagement opportunities for employees
- Opportunity for Red Cross Hosted Lunch & Learns
- Plaque recognizing support of Sound the Alarm
- Company logo on event t-shirts

### GOLD LEVEL (\$5,000)

- On-site recognition at kickoff event
- Recognition on regional Sound the Alarm website
- Recognition on social media channels
- Volunteer engagement opportunities for employees
- Opportunity for Red Cross Hosted Lunch & Learns
- Company logo on event t-shirts
- Name in local media release

### SILVER LEVEL (\$2,500)

- On-site recognition at installation events
- Recognition on regional Sound the Alarm website
- Volunteer engagement opportunities for employees
- Name in local media release

### BRONZE LEVEL (\$1,000)

- Recognition on regional Sound the Alarm website
- Name in local media release

## PARTNERSHIP AGREEMENT

Yes! My organization would like to sponsor the Sound the Alarm event at the following level:

\_\_\_\_\_ \$10,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ Other

Company Name (as it should appear on marketing materials) \_\_\_\_\_

Name of Corporate Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Contact name for obtaining graphics, advertisements, etc. \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Please accept this form as my pledge:

- ☐ Send invoice
- ☐ A check for payment is enclosed (payable to the American Red Cross of New Hampshire and Vermont)
- ☐ Please charge my: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Card number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3-4 digit security code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### Please Return Your Completed Agreement Form To:

American Red Cross of New Hampshire and Vermont

Attn: Rachel Zellem

32 N. Prospect Street, Burlington, VT 05401

For more information please email [supportnhvt@redcross.org](mailto:supportnhvt@redcross.org)

or phone: (800) 464-6692.

To ensure you receive your full benefits package, please return is form and submit all logos by March 2<sup>nd</sup>.