



EMMA GOLDMAN CLINIC

Women's Health Project
227 N. Dubuque Street
Iowa City, Iowa 52245

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November 3, 2011

Dear Business Owner:

The Emma Goldman Clinic is making plans for our 2012 Choice Event. The past success of this annual event is credited largely to you- our sponsors - who lend their names, attendance and financial support to the event. The money we raise each year goes to deProsse Access Fund, which subsidizes services for low income and under insured women and men accessing health care services at the clinic.

By participating as a sponsor, your business or organization's name will be listed in the Choice Event program, Choice List email, Choice Event video display, and Emma's Journal newsletter. This advertising reaches approximately 2000 community members.

The sponsorship amount is \$200 and includes 2 tickets for the Choice Event (\$100 value), and you'll be able to enjoy excellent exposure to a large, diverse and supportive audience.

We're counting on your support, and will be happy to answer any questions you may have. In the next few weeks a clinic representative will be contacting you to see if you received this correspondence and if you are interested in being a sponsor of the Emma Goldman Clinic's 2012 Choice Event. Thank you in advance for your willingness to support the efforts of the Emma Goldman Clinic and make a difference in our community.

Sincerely,

Francine Thompson and Jennifer Price
Emma Goldman Clinic Co-Directors

PS. If you already know you are interested in sponsorship, please complete the sponsorship form and return with payment by January 10, 2012.

SAVE THE DATE
Emma Goldman Clinic Choice Event
Thursday, January 19, 2012

**EMMA GOLDMAN CLINIC CHOICE EVENT 2012
SPONSORSHIP**

Please return this form with your payment by January 10th, 2012

Organization/Individual Name (as you would like it to appear in media)

Contact Name

Phone Number

Address (City, State, Zip)

Amount of sponsorship \$200 (includes TWO event tickets, entire amount is tax-deductible)

Please make checks to the Emma Goldman Clinic

Charge to Visa/MC/Discover

Name on card: _____

Card # _____

Expires: _____

Signature: _____

Business logos need to be in JPG format.

All logos can be emailed to Susan at <mailto:egc.cps@gmail.com> by January 10th, 2012.