



EVENT PARTNERSHIP PLAN

Thank you for considering Meridian to host an event to benefit our mission and vision! To assist in ensuring the success of your event, we request that each organization or individual complete the following partnership plan. Once the plan is completed and submitted, we will follow up with you to review the event logistics, provide additional Meridian materials, share our marketing plan to support your event and review any other items to assist in the event and your philanthropic efforts.

Please send completed application to:

Meridian Behavioral Healthcare, Inc.
Attention: Advancement Department, Stephanie Brod
1565 SW Williston Road, Gainesville, FL 32608
Phone: 352.374.5600 x8630 Fax: 352.371.9841
Stephanie_brod@mbhci.org

Again, thank you for your interest in supporting Meridian and our vision of promoting hope, recovery and wellness.

Plan Date _____ Name of main contact _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ E-mail _____

Name of organization/company _____

Name of the proposed event _____

Description of proposed event _____

Location of proposed event _____

Date and time of proposed event _____

Do you have a logo that can be included on our social media sites? Yes No

Will you include Meridian logo on your website? Yes No

Can you provide photographs that can be used for publicity? Yes No

Can we have a booth at this event to share Meridian information? Yes No

If so, please list available space _____

Do you plan to provide fliers/collateral for this event? Yes No

Do you plan to issue press releases? *(we can assist with writing, if needed)* Yes No

Have you hosted this event for Meridian before? Yes No

Any permits or permissions required for event? Yes No

If yes, please describe _____

Is any additional support requested from Meridian? _____

Estimated income from event	
Estimated number of attendees	
Estimated expenses	
Estimated net donation to Meridian	

What type of expenses do you anticipate? _____

Who will pay the expenses? _____

What is the attendance price of this event, if any? _____

The Advancement Department of Meridian solicits a number of businesses in the community for donations for our annual events. If you are going to solicit for donors, please share with us who you will be approaching for support prior to the ask. This includes retail stores, businesses, companies and restaurants. Thank you for your understanding!

Will you provide Meridian with a list of participants/donors so that we can send a thank you letter? (if possible)

Yes No

By signing below, I agree to complete the plan as listed above:

Signed _____ Date _____

Event plan received and reviewed by Meridian Advancement department.

Signed _____ Date _____