



## CORPORATE SPONSORSHIP LEVELS

LEVEL	DESCRIPTION	AMOUNT
<b>Corporate Level 1</b>	8 tickets to the Recovery Celebration Dietary Restrictions: _____ Qty: ____ Your company name on all advertising and your logo in our Recovery Celebration Program.	<b>\$1,000.00+</b>
<b>Corporate Level 2</b>	Your company name on all advertising and your logo in our Recovery Celebration Program.	<b>\$500.00+</b>

## INDIVIDUAL SPONSORSHIP LEVELS

LEVEL	DESCRIPTION	AMOUNT
<b>Friend of ADAMH (Individual Level)</b>	Your name in our Recovery Celebration Program	<b>\$250.00+</b>
<b>Donation</b>	One time donation	<b>\$ _____</b>

**Please check your level of sponsorship above and return this completed form  
 by September 8, 2022 to:  
 Paint Valley ADAMH Board  
 Recovery Celebration Committee  
 394 Chestnut Street  
 Chillicothe, Ohio 45601  
[contactus@pvadamh.org](mailto:contactus@pvadamh.org)**

Business Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City State and Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Please make checks payable to PVADAMH.  
 Corporate Level Sponsors ONLY -  
 Please email a high resolution image of your logo to:  
[msheets@pvadamh.org](mailto:msheets@pvadamh.org)**