

SPONSORSHIP OPPORTUNITY



UNITED WAY
Chautauqua
County

2025
COMMUNITY
DAY OF CARING

UWCHQ 2025 DAY OF CARING

Join United Way's Day of Caring as a sponsor and help mobilize volunteers to make a difference across Chautauqua County. Engage your employees, build team spirit, and elevate your brand while supporting nonprofits.

We cannot guarantee that all volunteers from an organization will be placed at one site. Please note that sponsorships are non-refundable.

208 Pine Street, Jamestown, NY 14701



SPONSOR BENEFITS

\$5,000

Platinum Sponsor

\$2,500

Gold Sponsor

\$500

Supporting Sponsor

PLATINUM

- Industry Exclusivity
- Premier logo placement on event materials, logo with link on event registration page, event day signage
- Opportunity to speak at Day of Caring Pre-event
- Verbal name recognition at Pre-event
- Curated volunteer experience including priority registration for up to 50 volunteers
- Opportunity for pop up banner at Pre-event
- Video interview that will be shared by UWCHQ on social media discussing the importance of building community relationships and giving back to the community
- Post-event sponsorship wrap-up report
- First right of refusal for 2026 Day of Caring

GOLD

- Logo placement on event materials, logo with link on event registration page, event day signage
- Early access to pre-registration for up to 25 volunteers
- Opportunity to provide company promotional items at Day of Caring Pre-event (at sponsor's cost)
- Verbal name recognition at Pre-event
- Blog detailing company commitment to Day of Caring to be on UWCHQ website
- Post-event sponsorship wrap-up report
- First right of refusal for 2026 Day of Caring

SUPPORTING

- Company name on event materials, name with link to website, registration page and event day signage
- Early access to project registration for up to 15 volunteers
- Social media acknowledgment featuring company name on event day
- Verbal name recognition at Pre-event
- Company name on event day materials
- Post-event sponsorship wrap-up report
- First right of refusal for 2026 Day of Caring

PLEASE CHECK DESIRED SPONSORSHIP LEVEL & PAYMENT CHOICE:

☐ PLATINUM

☐ GOLD

☐ SUPPORTING

☐ A check will be sent

☐ Email invoice to pay with credit card

Company Name

Name

Title

Address

City

State/Zip Code

Phone

Email

Signature

Date

