

# DR. PERAMSETTY DAY SPONSOR LEVELS



Thank you for your interest in supporting Dr. Peramsetty Day! Please fill out the form below.

📍 1718 Veterans Memorial Parkway, Tuscaloosa, AL 35404  
🌐 [www.crimsoncare.com](http://www.crimsoncare.com)

CONTACT:  
SCARLETT CREWS  
(256) 572-4789 📞  
[scarlett@crimsoncarenetwork.com](mailto:scarlett@crimsoncarenetwork.com) 📧

## Sponsorship & Volunteer Interest Info

Dr. Peramsetty Day honors the legacy of Dr. Peramsetty by providing free medical care and resources to underserved members of our community. Thank you for considering supporting this meaningful day of service.

### Food Sponsor

Meals, snacks, beverages or monetary support (Suggested value: \$250–\$1,500)

- Boxed lunches or meals (\$8–\$12 per person)
- Snack bags for patients
- Bottled water / drinks
- Monetary donation toward food costs
- Other - Please List

### Volunteer Sponsor

Volunteer shirts, meals, appreciation items, or monetary support (Suggested value: \$200–\$1,000)

- Volunteer or staff shirts
- Meals or refreshments for volunteers
- Volunteer appreciation items
- Other - Please List

### Giveaway Sponsor

Hygiene kits, OTC items, school supplies, or monetary support (Suggested value: \$250–\$2,000)

- Hygiene kits (approx. \$5–\$8 each)
- OTC medications or vitamins
- Socks, basic clothing items
- School supplies or backpacks
- Gift cards or raffle items
- Other - Please List

### In-Kind Sponsor

Printing, marketing, transportation, event supplies, or monetary support (Suggested value: \$150–\$2,500)

- Printing (flyers, signage, forms)
- Marketing or advertising
- Transportation assistance (bus passes, ride vouchers)
- Event supplies (tents, tables, chairs)
- Other in-kind support - Please List

### Service Sponsor

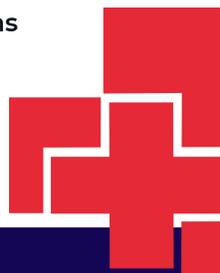
Medical supplies, labs, screenings, vision services, or monetary support (Suggested value: \$500–\$3,000)

- Medical supplies
- Lab testing (glucose, A1C, etc.)
- Vision services or reading glasses
- Vaccines or screenings
- Monetary sponsorship toward patient care
- Other - Please List

### Monetary Sponsor

Monetary donation for event needs

- Allow our team to purchase needed supplies on your behalf. All contributions directly support patient care and event operations.



# DR. PERAMSETTY DAY EVENT FORM



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## SPONSOR INFORMATION

Name/ Company / Organization

Phone

Contact Person

Website

Email

Address

## SPONSORSHIP LEVEL *(Please select one)*

Food  Service  Giveaway  In-Kind  Volunteer  Monetary

Monetary Amount

OR Good/Service

**Benefits Received** *(Sponsors will be recognized at event, those with logos will be on all advertisements, please email your logo to [scarlett@crimsoncarenetwork.com](mailto:scarlett@crimsoncarenetwork.com))*

## PAYMENT METHOD

Check  Card  In-Kind (No Payment)  Goods/services provided

Name

Signature

Date