

Second Annual Heal The Hurt Event

- **When: Thursday, May 10th 2018 at 6:00 P.M.**
- **Where: Located in the beautiful Colonial Country Club at 9181 Independence Way, Fort Myers, FL 33913.**
- **Registration will be \$75 per person**

*Checks can be made to Southwest Florida Free Pain Clinic and mailed to: 6900 Daniels Pkwy, Suite 29-393, Fort Myers, FL 33912



About The Event

Join the SWFL Free Pain Clinic for a special evening of dinner, stories of healing, plus a live and silent auction. Proceeds benefit the SWFL Free Pain Clinic, the only free pain clinic in Florida helping heal hurting people in our community without the use of drugs.



Email Janelle@devgroupincorporated.com
to reserve your seat today, or register online
at www.christianmedicalministries.org
Sponsorships are available! Call 239.989.5155

Sponsorship Levels

Major Sponsor - \$1000

- Company logo on clinic website
- Company listed in all promotional materials, including press releases and flyers
- Logo prominently displayed on sponsor boards
- Logo prominently displayed on event program
- Company information distributed on tables
- Special thank you and opportunity to speak during banquet
- Two reserved tables of 8 at banquet with specialized table cards
- Company mentioned in follow up correspondence with all guests

Table Sponsor - \$500

- Company / Name on clinic website
- Company / Name listed in all promotional materials, including press releases and flyers
- Company / Name listed on sponsor boards
- Company / Name on event program
- Special thank you from podium during event program
- Reserved table of 8 at banquet with specialized table card



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to reserve your seat today, or register online
at www.christianmedicalministries.org*



"Heal the Hurt"

Fundraising Dinner and Auction
May 10th, 2018

Colonial Country Club

9181 Independence Way, Fort Myers, FL
33913

The SWFL Free Pain Clinic provides high quality holistic medical care at no charge to those without the ability to pay, with attention to the physical, emotional and spiritual aspects of health and healing.

Please return this completed form and your donated item or gift certificate to:

6900 Daniels Pkwy, Suite 29-393 Fort Myers, FL 33912

Donation Deadline

Friday, April 27, 2018

Thank you for your support of CMM!

All donated items become property of SWFL Free Pain Clinic for the purpose of fundraising. Please retain a copy of this form for your records.

SWFL Free Pain Clinic is a registered 501 (c)(3) Charitable organization; Tax ID # 47-2641606

Sponsorships available!

*For additional information, contact Janelle Beaber at 239.989.5155 or email janelle@devgroupincorporated.com

Auction Item Donation Form

Yes! I'd like to help "Heal the Hurt" by donating an item for the auction!

Contact Information

Donor/Company name* _____

Contact Person (if different from above) _____

Phone _____ Email _____

Mailing address _____

City _____ State _____ Zip _____

Auction Item Information

Name of auction item* _____

Donor estimated value \$ _____

Item Description* Please provide as many details as possible

***As you would like it to appear in the auction materials.**

Restrictions and/or expiration date

Join us!

Yes! I would love to attend SWFL Free Pain Clinic's Heal the Hurt fundraising dinner and auction. Please reserve _____ seats(s) at \$75 each for a total of \$ _____. Reservation name (first &

last) _____ Please charge my

reservations to: ___ Visa ___ MC ___ AmEx ___ Discover Card

_____ Exp _____

Billing Zip _____ Security code _____

Signature _____

Or, make check payable to SWFL Free Pain Clinic and send to:

6900 Daniels Pkwy., Suite 29-393

Fort Myers, FL 33912

You may also register at www.christianmedicalministries.org.



Sponsorship Information Form

Contact Name: _____

Company / Organization Name: _____

Address: _____ City, State, Zip: _____

Contact Phone: _____ Business Phone: _____

Email: _____

_____ Major Sponsor - \$1,000

_____ Table Sponsor - \$500

**Please indicate how you want to be listed on promotional materials & email hi-res logo to
Janelle@devgroupincorporated.com:**

Method of payment:

Visa__ Mastercard__ AmEx__ Check__

Card number _____ Exp _____

Date _____ Code _____

Address _____

City _____ State _____ Zip _____

Signature _____

Make check payable to **SWFL Free Pain Clinic with "Event Sponsor" in memo.**

Mail check and form to:

6900 Daniels Pkwy., Suite 29-393

Fort Myers, FL 33912

Or pay online at ChristianMedicalMinistries.org

Or email form to

Janelle@devgroupincorporated.com

Thank you for your support!