

**GIVE HOPE.  
GIVE HEALING.**

**Corporate Partnership Opportunities  
2024**



**Helio Health**  
FOUNDATION

# Where Hope Meets Healing

Thank you for exploring a partnership with Helio Health.

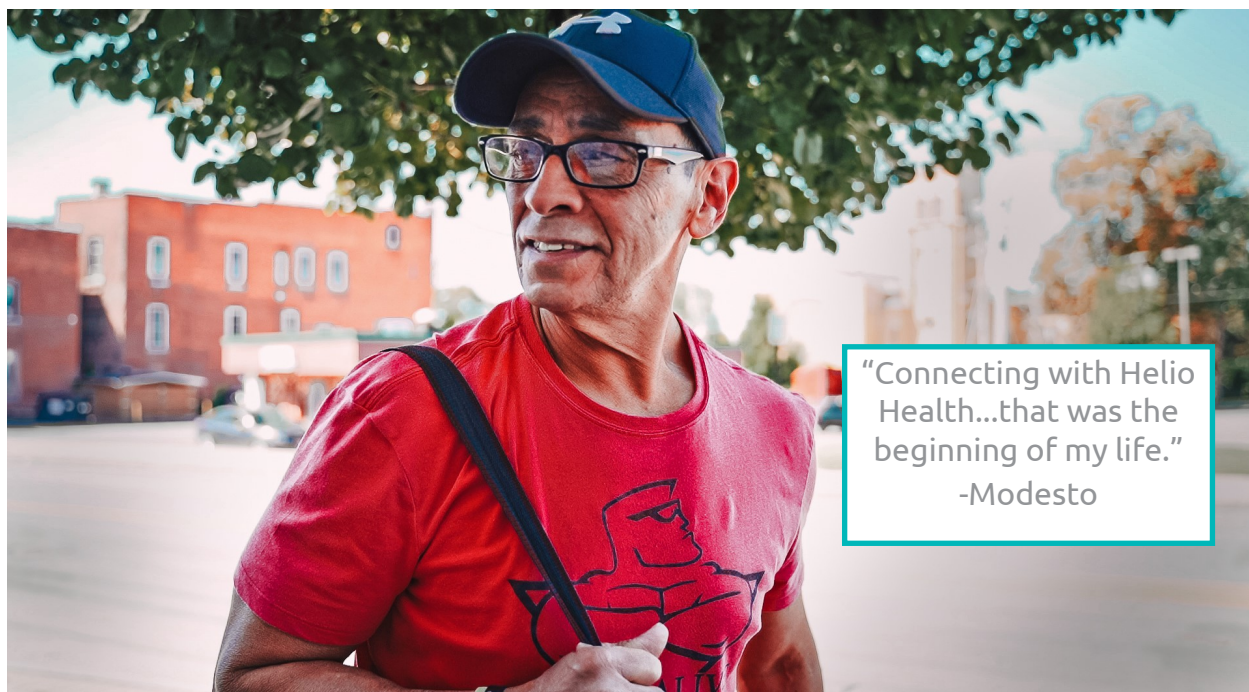
For more than 100 years, Helio Health has provided hope and healing to people seeking substance use and mental health treatment and housing opportunities. Serving more than 19,000 individuals each year, we endeavor to be a bright spot on the recovery landscape by offering comprehensive and compassionate care. We know that with treatment and support, people can — and do — recover. With your financial support we can leverage funds, ultimately contributing to stronger families, safer neighborhoods, and more vibrant communities.

Helio Health Partners are community-minded organizations whose charitable dollars help transform lives. Partnering with us demonstrates your organization's commitment to recovery and overall well-being, and highlights it as a leader.

As you consider supporting work to alleviate homelessness, addiction, and mental illness, please review our outline of partner levels — Transform, Thrive, and Empower — which describes the benefits of becoming a Helio Health Corporate Partner.

Will you partner with us? We look forward to working with you to transform lives.

For more information about our philosophy, programs, and services, please visit us at <https://www.helio.health>.



"Connecting with Helio Health...that was the beginning of my life."  
-Modesto

# Corporate Partnership Opportunities 2024

Partnership Level Annual	Transform \$ 15,000	Thrive \$ 10,000	Empower \$ 5,000
TransformNation video	•		
Special logo designed for use on donor's website – "Official Helio Health Corporate Investor"	•		
Web page on Helio Health website	•		
Exclusive Helio Health marketing item branded with donor logo	•		
Partner Spotlight article (website, newsletter, social media)	•	•	
Company logo on Helio Health website	•	•	•
Access to resources / tools curated by Helio Health (Wellness, Suicide Prevention, Mental Health, Seasonal, Diversity & Inclusion)	•	•	•
Discounted trainings from the Helio Health Training Institute (Narcan, CPR, Mental Health First Aid)	•	•	•
Social Media posts (Facebook, Twitter, Instagram, LinkedIn)	12	6	2
Preferred access to Integrated Care Conference; discounted registrations and/or exhibit booth	10	6	2
Opportunities to name program spaces / rooms or to adopt a program for special care enhancements (e.g., games for lounges, magazines, funds for outings, etc.)	Additional cost based on space; first option when opportunities arise	Additional cost based on space; first option when opportunities arise	Additional cost based on space; first option when opportunities arise
Sponsorship of Run For Recovery @ \$2,500 level	•		



# Additional Opportunities For Corporate Partner Involvement

## **Volunteer opportunities**

- ♦ Run for Recovery committee
- ♦ Recovery Center, other Helio Health programs
- ♦ Create a fundraising page to benefit the Helio Health Foundation
- ♦ Organize a clothing, personal care items, or home goods drive
- ♦ Holiday gift drive for children of residential program participants

## **Potential to become a Helio Health Ambassador**

- ♦ Ambassadors share our mutual passion to promote recovery in the community. They encourage colleagues, friends, family, and business partners to learn about and engage with Helio Health.

## **Networking opportunities**

- ♦ Special events throughout the year

## **Workplace giving program / corporate match**

## **Place advertising swag in gift bags**



# Corporate Partner Information

☐ **Yes!** I would like to become a Helio Health Corporate Partner:

\_\_\_ Transform (\$15,000) \_\_\_ Thrive (\$10,000) \_\_\_ Empower (\$5,000)

☐ I'm not able to partner with you at this time, but would like to make a donation of \$\_\_\_\_\_.

☐ I would like to receive Helio Health's quarterly newsletter.

☐ I would like to be involved with Helio Health in other ways. Please contact me.

## Organization Information

Organization Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Payment Information

☐ Please invoice me.

☐ Enclosed is my check, payable to *The Helio Health Foundation*.

☐ Secure pay online at [Donate to Helio Health](#)

☐ Please charge my: VISA / MC / DISC / AMEX

Card # \_\_\_\_\_ CVV# \_\_\_\_\_ Exp. \_\_\_\_\_

Authorized signature (required) \_\_\_\_\_ Date \_\_\_\_\_



## Please return form to:

Helio Health Foundation, 555 East Genesee Street, Syracuse, NY 13202  
Attention: Development

For questions, contact Susan LaPlaca, Development Director,  
at 315-474-5506 x1245 or [slaplaca@helio.health](mailto:slaplaca@helio.health)