HUNGER ACTION MONTH FUNDRAISER

SPONSORSHIP LEVELS

Join us during the month of September for our annual statewide Hunger Action Month Fundraiser. Help us reach our $100,000 goal to provide at least 400,000 meals for Montanans experiencing food insecurity.

CONTACT

Reach out to MFBN Chief Development Officer Bill Mathews at bmathews@mfbn.org for more sponsorship information.

WHEN

September 1st - 30th, 2026

mfbn Montana Food Bank Network

LEVEL 4

$20,000

4 AVAILABLE SPONSORSHIPS

- Vinyl logos on 3 MFBN semi-trucks for 12 months
- Logo tile on MFBN's donor recognition wall
- Logo featured on all Hunger Action Month Fundraiser digital advertising and marketing materials
- Recognition post on MFBN's social media pages

LEVEL 3

$10,000

2 AVAILABLE SPONSORSHIPS

- Vinyl logos on 2 MFBN box trucks for 12 months
- Logo tile on MFBN's donor recognition wall
- Logo featured on all Hunger Action Month Fundraiser digital advertising and marketing materials
- Recognition post on MFBN's social media pages

LEVEL 2

$2,000

30 AVAILABLE SPONSORSHIPS

- Logo featured on all Hunger Action Month Fundraiser digital advertising and marketing materials
- Recognition post on MFBN's social media pages

LEVEL 1

$1+

30 AVAILABLE SPONSORSHIPS

- Logo featured on all Hunger Action Month Fundraiser digital advertising and marketing materials

DEADLINES

The deadline to register all sponsorship levels is August 30th, 2026. Payment is due by September 30th, 2026 or within 30 days of this signed agreement.

OTHER WAYS TO CONTRIBUTE

Companies can also support the Hunger Action Month Fundraiser through Cause Related Marketing Donations and Corporate Employee Matching Donations. Reach out to MFBN for more details.

LOGO SUBMISSION

Please email your high resolution logo in .png format to lburns@mfbn.org for sponsorship recognition.

PAYMENT FORM

Payable to Montana Food Bank Network.

SPONSORSHIP LEVEL: _____

BUSINESS NAME: _____

CONTACT NAME: _____

AMOUNT: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____ SECURITY CODE: _____

BUSINESS ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

WOULD YOU LIKE TO PAY THE 5% PROCESSING FEE (3% CREDIT CARD FEE, 2% ADMINISTRATIVE FEE)?

☐ YES ☐ NO

EMAIL: _____

PHONE NUMBER: _____

SIGNATURE: _____

DATE: _____

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