

39th Annual Banquet Sponsorship Partner Form 2023

YES! I would love to be a sponsor!

Business Name _____ Contact Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Website _____

How would you like to be recognized? Business Logo Name Anonymous Other _____

Check your desired Sponsorship Level:

Platinum: \$10,000 Eight Total #of tickets, Served Dinner by TooJays's Catering, Time with Dr. William Lile at your table is Included, Private Photo Opportunity with Dr. William Lile for you and your 7 guests, Table closest to the front, Prominent promotions for entire Event's Marketing Campaign (including radio)

Gold: \$5,000 Six Total #of tickets, Served Dinner by TooJays's Catering, Private Photo Opportunity with Dr. William Lile for you and your 5 guests, Table close to the front, Event promotions including Print/Media, Website & Event Screens.

Silver: \$2,500 Four Total #of tickets, Buffet Style Dinner by TooJays's Catering, Private Photo Opportunity with Dr. William Lile for you and your 3 guests, Table close to the front, Event promotions including Print/Media, Website & Event Screens.

Bronze: \$1,000 Two Total #of tickets, Buffet Style Dinner by TooJays's Catering, Table closer than General Admission, Event promotions including Print/Media, Website, and Event Screens.

Payment Information: (Please make check payable to: Care Net Pregnancy Center)

My check for the amount of \$ _____ is enclosed

Charge Card (circle one): Amex Discover MasterCard Visa

You have the option to call in the credit card payment information.

Account Number: _____ - _____ - _____

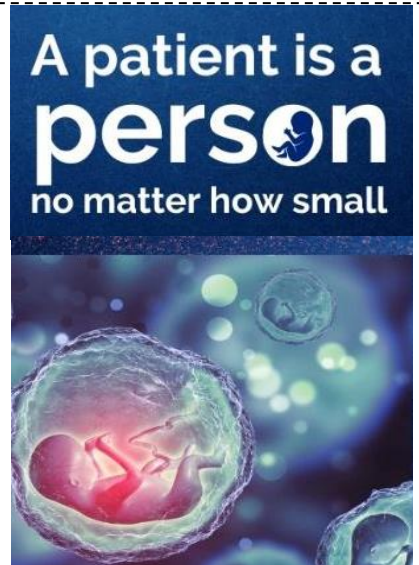
CVV Code: _____ Billing Zip Code: _____

Exp. Date: ____/____/____ Amount to be charged: \$ _____

Name on Card _____

Signature Required _____

By signing this form, I permit Care Net Pregnancy Center of IRC to charge my credit card.



Proverbs 31:8 "Speak up for those who cannot speak for themselves, for the rights of all who are destitute."

Next Steps:

1. **Email your company logo** in a PNG or EPS/AI format to marketing@carenetirc.org by **Monday, October 16th**.
2. **Return this completed form with payment** to our office by Monday, October 16th to ensure inclusion on materials as indicated by sponsor level. You may email to info@carenetirc.org or mail to our address below. (We can pick up if needed)
3. **You will receive** a confirmation email or a receipt by mail when your form and payment are received.
4. **For more information**, call 772.569.7939 or email info@carenetirc.org. Thank you for your support!

Care Net Pregnancy Center of IRC is a 501(c)3 not-for-profit corporation | Federal Tax ID 59-2344840

carenetchampions.org - info@carenetirc.org - 772.569.7939 - 1355 37th St. Suite 301, P.O. Box 836, Vero Beach, FL 32961-0836