



# SPONSORSHIP FORM

## CONTACT INFORMATION

Contact Full Name : \_\_\_\_\_

Company Name : \_\_\_\_\_

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

Company Website : \_\_\_\_\_

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

City, State, Zip : \_\_\_\_\_

Phone Number : \_\_\_\_\_

## SPONSORSHIP PAYMENT DETAILS

### LEVEL OF SPONSORSHIP

Violet \$10,000     Bar \$7,500     Lilac \$5,000     Periwinkle \$2,500     Lavender \$1,000     Purple \$500

Do you plan to use the tickets associated with your sponsorship level.  Yes  No

Payment Options  Credit Card     Mailed Check     Invoice Me

Credit Card # : \_\_\_\_\_ EXP : \_\_\_\_\_ CVV : \_\_\_\_\_ Date: \_\_\_\_\_

Signature : \_\_\_\_\_

Billing Address, City, State, Zip: \_\_\_\_\_

### SPONSORSHIP RECOGNITION

- Invitation Deadline: **Monday, March 10th, 2025**    **Event Deadline April 20th, 2025**
- Sponsors can choose to have the company name listed or a logo
- Logos for marketing and signage should be submitted as hi-res (300 dpi) JPEG or EPS files. If the logo is unavailable, please print how you would like to be recognized

## IN KIND DONATION FOR EVENT

Items needed based on a estimated 300 person event.

Spirts for bar : \_\_\_\_\_

DJ/Music : \_\_\_\_\_

Beer for bar : \_\_\_\_\_

Printing and invitations : \_\_\_\_\_

Wine for bar : \_\_\_\_\_

### More Information :

- 📍 P.O. Box 8343 Olivette, MO 63132
- 📞 (314) 283-8560 Jodie's Cell
- 🌐 [www.thecaregiverclub.org](http://www.thecaregiverclub.org)

### THANK YOU

Alicia Behan Christopher  
Jodie Condie Finney, DPT

### Donor Signature:

**REQUIRED FOR ANY TYPE OF DONATION**

\_\_\_\_\_

Date : \_\_\_\_\_