



# 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: **March 9th 2026**
- 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.

Spirits 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

[www.thecaregiverclub.org](http://www.thecaregiverclub.org)

### THANK YOU

Alicia Behan Christopher  
Jodie Condie Finney, DPT

**Donor Signature (REQUIRED):**

\_\_\_\_\_

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