

RHAPSODY IN BLUE

Benefiting Denton County Friends of the Family

SPONSORSHIP OPPORTUNITIES

DIAMOND SPONSOR **\$10,000

- Name recognition at event
- Company name and logo will appear on all printed material promoting event
- Company signage at event
- Two premiere tables of ten
- Corporate recognition in all press releases
- Online recognition on website
- Full page ad in program
- Exclusivity

EMERALD SPONSOR**\$5,000

- Name Recognition at event
- Company name and logo will appear on all printed material promoting event
- Company signage at event
- One premier table of ten
- Corporate recognition in all press releases
- Online recognition on website
- Full page ad in program

SAPPHIRE SPONSOR**\$2,500

- Name Recognition at event
- Company name and logo will appear on all printed material promoting event
- Company signage at event
- One premiere table of ten
- Corporate recognition in all press releases
- Online recognition on website
- Half page ad in program

RUBY SPONSOR**\$1,500

- Company name and logo will appear on all printed material promoting event
- Company signage at event
- One premiere table of ten
- Corporate recognition in all press releases
- Online recognition on website
- Quarter page ad in program

PEARL SPONSOR**\$1,000

- One premier table of ten
- Online recognition on website
- Business card ad in program

TOPAZ SPONSOR**\$500

- Two event tickets
- Acknowledgment in program

***Sponsorship commitment must be received by February 1, 2010 for inclusion on the invitation.**

COMMITMENT *(Please check all that apply)*

- DIAMOND** (\$10,000) **EMERALD** (\$5,000) **SAPPHIRE** (\$2,500) **RUBY** (\$1,500) **PEARL** (\$1,000) **TOPAZ** (\$500) **I AM UNABLE TO ATTEND** but wish to make a _____ contribution of \$

Please invoice me

Company or Individual: _____ Contact Person: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Contact phone: _____ E-mail: _____

Name/Company for Publication: _____

(Please print name exactly as it should appear in promotional materials, including capitals & abbreviations)

I do not wish to be listed in the program or applicable publications.

My check, made payable to **Denton County Friends of the Family**, is enclosed. Please bill my credit card.

Please charge my VISA MasterCard

Amount \$ _____ Cardholder's Name _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____

Please retain the PINK copy of this form for your records and send or fax the remaining copies to:

Denton County Friends of the Family

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Phone: 940-387-5131 Fax: 940-383-1816 E-mail: carol@dcfof.org