



**SATURDAY APRIL 7, 2018
7:00 PM – 10:00 PM**

PALMER'S GARDEN & GOODS WILL HOST "GARDEN & FUN" – A NIGHT OF GOOD FOOD, GREAT DRINKS AND FANTASTIC COMPANY ALL TO BENEFIT THE CHARITY **ELEVATE ORLANDO**

SPONSORSHIP OPPORTUNITIES

Presenting Sponsorships available starting at \$10,000 and can be customized to fit your marketing needs.

Royal Palm Sponsorship \$5,000

- *20 tickets to the event
- *Booth at the event site (Provided and manned by sponsor)
- *Banner recognition at the event and on the event t-shirt as a Presenting Sponsor
- *Named in press releases and PSAs as Presenting Sponsor
- *Signage at the event (Provided by sponsor)
- *Recognition in the event program
- *Recognition in all pre-promotional materials and website
- *Social Media recognition from charity

Orchid Sponsorship \$2,500

- *10 tickets to the event
- *Large company logo on event t-shirt
- *Signage at the event (Provided by sponsor)
- *Recognition in the event program
- *Recognition in all pre-promotional materials and website
- *Social Media recognition from charity

Gardenia Partner \$1,000

- *6 tickets to the event
- *Signage at the event (Provided by sponsor)
- *Recognition in the event program
- *Recognition in all pre-promotional materials and website
- *Social Media recognition from charity



SPONSORSHIP FORM

PLEASE RESERVE THE FOLLOWING:

- Royal Palm Sponsorship \$5,000 \$ _____
 - Orchid Sponsorship \$2,500 \$ _____
 - Gardenia Partner \$1,000 \$ _____
 - Individual Ticket(s) ___ # of Tickets x \$25 \$ _____
 - Student Discounts/Teacher Discounts \$20 (valid ID required)
 - Donation Only \$ _____
- Grand Total \$ _____

METHOD OF PAYMENT:

- Check enclosed in the amount of: \$ _____
NOTE: Please make check payable to ELEVATE Orlando.
- Donor will be invoiced immediately, unless otherwise requested below:
Invoice Date requested (month only) _____
- Please Charge to Credit Card #: _____ Exp. Date: ____ / ____
Name as it appears on card: _____
Please circle: Visa MasterCard American Express

RESERVATION INFORMATION:

Company name (for corporate purchases only): _____

Contact Name: _____

Address: _____ Suite#: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

*ELEVATE Orlando is a 501c3 non-profit organization. Donations may be tax-deductible according to IRS guidelines.

Please return completed sponsorship form to:
aschipper@elevateorlando.org or
P.O. Box 940633, Maitland, FL 32794/Office number: 321-203-4403
www.elevateorlando.org