

Sponsorship Packages

SUPERHERO LEVEL \$10,000

✦ 30 reserved seats at luncheon ✦ 20 raffle tickets ✦ Verbal recognition at the event ✦ Your organization's banner displayed at luncheon ✦ Front cover ad with an additional ad within the luncheon program ✦ Your organization's website link on our website ✦ Your organizations name on luncheon invites ✦ Private FCAPC agency tour ✦ Donor plaque displayed in FCAPC lobby ✦ Donor pins

CHAMPION LEVEL \$7,500

✦ 20 reserved seats at luncheon ✦ 15 raffle tickets ✦ Verbal recognition at the event ✦ Your organization's banner displayed at luncheon ✦ Back cover ad with an additional ad within the luncheon program ✦ Your organization's website link on our website ✦ Your organizations name on luncheon invites ✦ Donor plaque displayed in FCAPC lobby ✦ Donor pins

PROTECTOR LEVEL \$5,000

✦ 10 reserved seats at luncheon ✦ 10 raffle tickets ✦ Verbal recognition at the event ✦ Your organization's banner displayed at luncheon ✦ Back cover ad on luncheon program ✦ Your organization's website link on our website ✦ Donor plaque displayed in FCAPC lobby ✦ Donor pins

GUARDIAN LEVEL \$2,500

✦ 6 reserved seats at luncheon ✦ 6 raffle tickets ✦ Verbal recognition at the event ✦ Half page ad within luncheon program ✦ Your organization's website link on our website ✦ Donor leaf displayed in FCAPC lobby

ROLE MODEL LEVEL \$1,000

✦ 4 reserved seats at luncheon ✦ 4 raffle tickets ✦ Quarter page ad within luncheon program ✦ Your organization's website link on our website ✦ Donor leaf displayed in FCAPC lobby

*Please fill out the sponsorship form and return it to the agency
in the enclosed envelope no later than March 20th, 2020*

RSVP:

- Yes, I can attend. Please find my sponsorship commitment below.
 No, I am unable to attend and would like to donate my tickets to the agency. Please find my sponsorship commitment below.

Payment Options

Company Name: _____

Contact Person (Please Print): _____

Enclosed is my check for \$ _____ (payable to Family and Child Abuse Prevention Center)

Please charge my credit card for \$ _____ Visa MasterCard Other _____

Account No: _____

Expiration Date: _____ Signature: _____

Family and Child Abuse Prevention Center is a 501(C)(3) organization as determined by the IRS.

Family and Child Abuse Prevention Center
2460 Cherry St. Toledo, OH 43608
419-244-3053 ext. 221 Fax: 419-244-1100
Email: fwright@fcapc.org
www.fcapc.org

