

SPONSOR LEVELS

All sponsors will be featured throughout the Virtual Program.

All sponsorships are 100% tax deductible.

CHAMPION - \$50,000 AND ABOVE

- Company name and logo on all publications and promotional materials
- Recognition and introduction at 2020 Evening of Inspiration
- Recognition on all media/PR materials for the 2020 Evening of Inspiration
- 24 tickets to the 2020 Evening of Inspiration Virtual Event
- 6 tickets to the 2020 Evening of Inspiration Patron Party event

PRESENTING - \$25,000 AND ABOVE

- Company name and logo on all publications and promotional materials
- Recognition and introduction at 2020 Evening of Inspiration
- Recognition on all media/PR materials for the 2020 Evening of Inspiration
- 12 tickets to the 2020 Evening of Inspiration Virtual Event
- 6 tickets to the 2020 Evening of Inspiration Patron Party event

TITLE- \$15,000 AND ABOVE

- 10 tickets to the 2020 Evening of Inspiration Virtual Event
- 4 tickets to the 2020 Evening of Inspiration Patron Party event

BENEFACTOR - \$10,000 AND ABOVE

- 8 tickets to the 2020 Evening of Inspiration Virtual Event
- 2 tickets to the 2020 Evening of Inspiration Patron Party event

PARTNER - \$5,000 AND ABOVE

- 6 tickets to the 2020 Evening of Inspiration Virtual Event
- 2 tickets to the 2020 Evening of Inspiration Patron Party event

PATRON - \$2,500 AND ABOVE

- 2 tickets to the 2020 Evening of Inspiration Virtual Event
- 2 tickets to the 2020 Evening of Inspiration Patron Party event

FRIEND - \$1,000 AND ABOVE

- 2 tickets to the 2020 Evening of Inspiration Virtual Event

SPONSOR CONTRIBUTION FORM

COMPANY OR INDIVIDUAL NAME *{to be published in all print materials}* _____

CONTACT NAME _____

STREET ADDRESS _____

CITY, STATE AND ZIP _____

EMAIL ADDRESS _____ TELEPHONE _____

WEBSITE _____

- IFF has my permission to acknowledge this donation on social media channels including, but not limited to, Facebook and Twitter. Monetary amounts will not be disclosed.

METHOD OF PAYMENT

Please make checks payable to Ian's Friends Foundation and retain a copy of this form for your records.

CHECK ENCLOSED FOR \$ _____ Bill me at the address to the above

PLEASE CHARGE MY CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER _____ EXP. DATE _____

BILLING ZIP CODE _____ CVV CODE _____

CARD HOLDER NAME _____ SIGNATURE _____