



# HOPE GALA



## Presenting Sponsorship | \$15,000

- Two tables for 10 each in premier location
- Mention in all pre and post event media materials
- Valet parking for all guests
- Name or linked logo on event website
- Name/logo on projection screens and program
- Live mention by CEO on stage

**VIP Reception admittance for all guests**



### Diamond Sponsorship

**\$10,000**

- Two tables for 8 in a premier location
- Valet parking for all guests
- Name or linked logo on event website
- Name/logo on projection screens & program
- Live mention by CEO on stage

**VIP Reception admittance for all guests**



### Platinum Sponsorship

**\$7,500**

- One table for 8 in premier location
- Valet parking for all guests
- Name or logo on event website
- Name/logo on projection screens & program
- Live mention by entertainer on stage

**VIP Reception admittance for all guests**



### Gold Sponsorship

**\$5,500**

- One table for 8
- Valet parking for all guests
- Name on event website & program

**VIP Reception admittance for all guests**

### Silver Sponsorship

**\$3,000**

- One table for 4
- Valet parking for all guests
- Name on event website and program

**VIP Reception admittance for all guests**

### Bronze Sponsorship

**\$1,500**

- One private table for 2
- Valet parking
- Name on event website & program

**VIP Reception admittance for both guests**





# SPONSOR INFORMATION



Please return this form with a check or credit card details to:

*Operation Kindness, 3201 Earhart Drive, Carrollton, TX 75006*

You can purchase your sponsorship online at:

*operationkindness.org/hope-gala*



**Sponsor Name:** \_\_\_\_\_

*Please print name exactly as it should appear in event materials.*

**Contact Name (if different from above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Sponsor Level:** \_\_\_\_\_ **Sponsor Amount: \$** \_\_\_\_\_

I am unable to attend, but would like to donate \$ \_\_\_\_\_ for the animals.



## PAYMENT INFORMATION

Please charge \$ \_\_\_\_\_ to my: VISA MC AMEX DISCOVER

**Billing Address (if different than above):** \_\_\_\_\_

\_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV/Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

