

# autism funnyraiser night

TO BENEFIT THE COALITION FOR SAFEMINDS

## Sponsorship Opportunities

### Presenting Sponsor ..... \$2,500

- Recognized as presenting sponsor in event materials and signage
- Sponsor banner at event
- Name, logo and hyperlink prominently featured on the SafeMinds website and e-mail newsletter (distribution 4,000)
- Prominent logo placement in all materials
- Back cover page advertisement in event program
- Ten (10) tickets to event

### Gold Sponsor ..... \$1,000

- Recognized as gold sponsor in event materials and signage
- Name, logo and hyperlink prominently featured on the SafeMinds website and e-mail newsletter (distribution 4,000)
- Prominent logo placement in all materials
- Full- page advertisement in event program
- Six (6) tickets to event

### Silver Sponsor ..... \$500

- Recognized as Silver sponsor in event materials
- Name listed on the SafeMinds website and e-mail newsletter (distribution 4,000)
- One-half page advertisement in event program
- Four (4) tickets to event

### Bronze Sponsor ..... \$250

- Recognized as Bronze sponsor in event materials
- Name listed on the SafeMinds website and e-mail newsletter (distribution 4,000)
- One-quarter page advertisement in event program
- Two (2) tickets to event

## Contact:

Heidi Roger  
elevatordance@msn.com  
404-934-0777

Elizabeth Kilpatrick  
eksafeminds@gmail.com  
404-934-0777



Mercury Free Kids Have Safe Minds  
info@safeminds.org ♦ www.safeminds.org ♦ (tel) 404-934-0777 (fax) 714.495.4088  
16033 Bolsa Chica, #104-142, Huntington Beach, CA 92649  
TAX ID: 22-3767992

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## Sponsorship Form

**Please type or print legibly and exactly as it should appear in written materials**

Company/Donor Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_



### SPONSORSHIP COMMITMENT: Please check the appropriate items

- Presenting \$2,500
- Gold \$1,000
- Silver \$500
- Bronze \$250

### DONATION

- I am unable to attend, but would like to support families with autism by providing a donation of \$ \_\_\_\_\_

### PAYMENT

- My check is enclosed.
- Please invoice me.
- Please charge to my credit card below:
  - Visa  MasterCard  American Express

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please fax this form to (714) 495-4088. Checks can be mailed to:

**SafeMinds**  
9-11 6<sup>th</sup> Street  
Fair Lawn, NJ 07410

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