



5th Annual Luncheon Celebrating the Power of Volunteerism

SEASONS *of* SERVICE

SPONSORSHIP OPPORTUNITIES

October 16, 2017 | 11:30am - 1:00pm

Courtyard Marriott Carrollton Conference Center
1201 Raiford Rd, Carrollton, TX 75006

Event Chairs:



**Emceed by
Gloria Campos**

Retired WFAA-TV News Anchor

Entertainment by
Dave Tanner



THANK YOU FOR YOUR SUPPORT!



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Celebrating the Power of Volunteerism

October 16, 2017 | 11:30am - 1:00pm
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Sponsorship Packages

Presenting Sponsor: \$10,000

Includes naming rights to the event; 2 reserved tables of 10; 1/4 page ad in 2 issues of Metrocrest Senior News; sponsorship plaque; logo on all event advertising (website, social media); full page ad in event program; website banner ad for 30 days; 10 VIP reception invites (approx. 41,555 impressions)

Action Sponsor: \$5,000

Includes 10 reserved seats; 1/4 page ad in 1 issue of Metrocrest Senior News; logo on all event advertising and website with link; 1/2 page ad in event program; 5 VIP reception invites (approx. 27,250 impressions)

Service Sponsor: \$2,500

Includes 10 reserved seats; recognition in Metrocrest Senior News; logo on all event advertising and website; 2 VIP reception invites

Advocacy Sponsor: \$1,500

Includes 10 reserved seats; recognition in Metrocrest Senior News, all event advertising and website

Supporting Sponsor: \$750

Includes 5 reserved seats; recognition in Metrocrest Senior News and event program

Friends Sponsor: \$250

Includes 2 reserved seats; recognition in Metrocrest Senior News and event program

**For sponsorship information, contact Mike Harris at 972-446-2130
or email: mharris@metrocrestservices.org**

Yes! I would like to register!

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Sponsorship Information:

- ☐ Presenting Sponsor \$10,000
- ☐ Action Sponsor \$5,000
- ☐ Services Sponsor \$2,500
- ☐ Advocacy Sponsor \$1,500
- ☐ Supporting Sponsor \$750
- ☐ Friend Sponsor \$250
- ☐ Single Tickets \$75 Qty: _____
- ☐ Individual Donation \$ _____

Payment Information:

- ☐ Check enclosed - Check # _____
- ☐ Credit Card information:

Cardholder's Name (please print) _____ ☐ AMEX ☐ Mastercard ☐ Visa ☐ Discover

Credit Card Number _____

Expiration Date _____

Billing Address: _____

City _____ State _____ Zip Code _____

☐ Please send invoice.

**Please submit registration form to: Fax (214) 694-2171
Email: mharris@metrocrestservices.org**

metrocrest  **services**
building a stronger community together