

LEGACY OF LOVE
BENEFIT



HONORING

CLARE AND DAVE
BUTLER

2025 SPONSORSHIP OPPORTUNITIES

☐ \$40,000 PRESENTING SPONSOR

Exclusive. Two tables of up to twenty guests in a premier location. Recognition from the podium. Lead recognition on all promotional materials. Prominent listing in the digital invitation. Inside or back cover (pending availability) or two Gold Full-Page journal ads.

☐ \$20,000 LEGACY SPONSOR

One table of up to ten guests in a preferred location. Recognition from the podium. Listing in the digital invitation. Gold Full-Page journal ad.

☐ \$10,000 UNITY SPONSOR

One table of up to ten guests in a preferred location. Silver Full-Page journal ad.

☐ \$7,000 COMMUNITY SPIRIT SPONSOR

One table of up to ten guests. Full-Page journal ad.

☐ \$3,000 EMPOWERMENT SPONSOR

Two tickets to the Gala and Full-Page journal ad.

☐ \$700 NEIGHBOR

One ticket to the Gala.

Friday, May 2, 2025

7pm Cocktail Reception
8pm Dinner and Program

The Apawamis Club

2 Club Rd, Rye, NY 10580

SHOWCASE YOUR SUPPORT

- | | |
|---|---|
| ☐ BACK COVER \$15,000 | ☐ FULL PAGE \$1,500 |
| ☐ INSIDE FRONT COVER \$12,000 | ☐ HALF PAGE \$750 |
| ☐ INSIDE BACK COVER \$12,000 | ☐ 1/4 PAGE \$400 |
| ☐ GOLD FULL PAGE \$8,000 | |
| ☐ SILVER FULL PAGE \$4,000 | |

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CONTACT INFORMATION

Your name

Company (if this is a corporate commitment)

Your name(s) or company name as you wish it to appear on all materials

Email

Cell phone

Mailing address

City

State

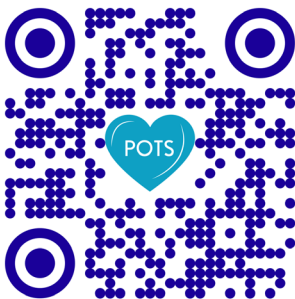
Zip Code

BY MAIL:

Part of the Solution
Attn: Development
2450 Grand Concourse
2nd Floor
Bronx, NY 10548

ONLINE:

potsbronx.org/legacyoflove



Gifts are tax-deductible to the extent provided by law. For ticket purchases, contributions in excess of the \$200 cost per meal/guest are tax-deductible.

PAYMENT DETAILS

- ☐ A check for my sponsorship made payable to Part of the Solution is enclosed in the amount of \$_____.
- ☐ I cannot attend but would like to support Part of the Solution with a 100% tax-deductible contribution in the amount of \$_____.
- ☐ Please accept a pledge in the amount of \$_____ and send me an invoice.
- ☐ My employer has a matching gifts program and will match my contribution. Please contact me for details.

PLEASE RETURN THIS FORM AND PAYMENT

QUESTIONS? Please contact mcunningham@potsbronx.org
or call (718) 220-4892 x123