LEGACY OF LOVE BENEFIT

We ♥ POTS

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

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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