



SPONSORSHIP OPPORTUNITIES



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Tax ID
94-1279804

Society for disABILITIES
1129 8th St. Suite 101
Modesto CA 95354
Phone: 209-524-3536
Fax: 209-524-1205

"This will be a Brunch to remember!" - Dan Costa

On Sunday, September 23, 2018, at Modesto Centre Plaza; local chefs will partner with four very deserving local charities that support the kids of our community. Chefs and charities alike will work together in a competition style brunch for the chance at more than \$100,000. We invite you to support the Society for Disabilities through one of the following Sponsorship Opportunities:

- | | |
|---|---|
| <p><input type="radio"/> LEVEL ONE - \$5,000
Reserved Seating -10 Tickets
Onsite Banners with Logo & Name
Modesto Bee Ad - Logo & Name
Logo on Website & Social Media Sites
Marketing value over \$63,500</p> <p><input type="radio"/> LEVEL TWO - \$2,500
8 Tickets
Onsite Banner with Logo & Name
Modesto Bee Ad – Name Only
Logo on Website & Social Media Sites
Drink Station Logo Display
Marketing value over \$47,000</p> <p><input type="radio"/> LEVEL THREE - \$1,000
TABLE SPONSOR
8 Tickets
Onsite Banner with Logo & Name
Modesto Bee Ad – Name Only
Name on Website & Social Media Sites
Table Logo Display
Marketing value over \$47,000</p> | <p><input type="radio"/> LEVEL FOUR - \$500
4 Tickets
Onsite Banners with Logo & Name
Name on Social Media</p> <p><input type="radio"/> LEVEL FIVE- \$250 or
SILENT AUCTION - \$250
2 Tickets
Onsite Banner with Logo & Name</p> |
|---|---|

INDIVIDUAL TICKETS

\$50 Adult Tickets _____

\$25 Child (Ages 12 & Under) Tickets _____

*To receive all other benefits, payment, logo and contract must be received no later than **June 1, 2018**. (ALL levels)*

Name: _____

Address: _____

City / State / Zip: _____

Contact Person: _____

Email: _____ Phone: _____

** ALL levels please send logo to: carolyn@societyfordisabilities.org*

PAYMENT INFORMATION

☐ Check—Make check payable to: Society for disABILITIES ☐ Credit Card: Visa M/C AmEx Discover

Card #: _____ Exp Date: _____ CVV/CSC# _____

Name on Card: _____

Signature: _____ Amount: \$ _____