



## SPONSORSHIP LEVELS

### Your Sponsorship Directly Benefits Individuals with Developmental Disabilities

#### ❖ **Presenting Sponsor: \$10,000**

- Naming rights for the event and inclusion of logo on all event materials
- Banner displayed at event & option to provide promotional materials or gift for attendees
- Opportunity for sponsor to speak at event & introduce speaker
- Full page ad in program book
- Featured in social media, advertising & press releases for event
- Logo featured on website with hyperlink to your company's website
- Two tables for 10 people with VIP seating

#### ❖ **Titanium Sponsor(s): \$7,500**

- Option to provide promotional materials or gift for attendees
- Full page ad in program book
- Featured in social media, advertising & press releases for event
- Logo featured on website with hyperlink to your company's website
- Table for 10 people with VIP seating

#### ❖ **Platinum Sponsor(s): \$5,000**

- Full page ad in program book
- Featured in social media, advertising & press releases for event
- Logo featured on website with hyperlink to your company's website
- Table for 10 people with VIP seating

#### ❖ **Gold Sponsors: \$2,500**

- 1/2 page ad in program book
- Name listed on press releases
- Logo featured on website
- Table for 10 people

#### ❖ **Silver Sponsor: \$1,500**

- 1/4 page ad in program book
- Name listed on press releases
- Name listed on website
- Table for 10 people

#### ❖ **Table Sponsor: \$1,000**

- Table for 10 people



**Yes, we want to be part of the Continuum by sponsoring this important event.**

Individual Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Sponsorship Level:**

- Presenting Sponsor \$10,000
- Titanium Sponsor \$7,500
- Platinum Sponsor \$5,000
- Gold Sponsor \$2,500
- Silver Sponsor \$1,500
- Table Sponsor \$1,000
- I/we cannot attend, but I/we wish to make a donation of: \_\_\_\_\_

**Via Check or Credit Card (please check one):**  Check Enclosed  Please use my credit card

Credit card:  Amex  M/C  VISA  Discover Credit Card

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security #: \_\_\_\_\_

Company: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Company Representative Signature: \_\_\_\_\_



### Attendee Names and Meal Choices

Primary Attendee _____	Email _____
<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Veggie	
_____	Email _____
<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Veggie	
_____	Email _____
<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Veggie	
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_____	Email _____
<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Veggie	

**Please make checks payable to: CONTINUUM OF CARE, INC.**

**Please mail to:** Janday Wilson  
c/o Continuum of Care  
109 Legion Avenue, New Haven, CT 06519

**or email form to:** [jwilson@continuumct.org](mailto:jwilson@continuumct.org)

**Please return by September 10, 2017 so we may include you in our press releases and other marketing materials**

**Continuum of Care is a 501(c)(3) nonprofit organization - Tax ID: 06-0836524**

**Thank you for your generous support**