

# Gala Sponsorship Reservation Form

## Heart & Soul Gala • February 6, 2021



Please complete this form and send payment by January 15, 2021 to:

Heart & Soul Gala  
 Caritas Family Solutions  
 8601 W. Main St., Suite 201  
 Belleville, Illinois 62223

Name of Business/Organization/Individual \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

Website Address \_\_\_\_\_

\$5,000 PLATINUM SPONSOR	\$2,500 GOLD SPONSOR	\$1,000 CARITAS SOCIETY SPONSOR	\$500 PATRON SPONSOR
<ul style="list-style-type: none"> <li>• Logo &amp; name displayed and highlighted throughout virtual event</li> <li>• Logo &amp; name on Caritas website with link to sponsor website</li> <li>• Special mention in press release</li> <li>• Name mentioned in media communications</li> <li>• Highlight on Caritas social media</li> </ul>	<ul style="list-style-type: none"> <li>• Logo &amp; name displayed online throughout virtual event</li> <li>• Name listed on event webpage on Caritas website</li> <li>• Logo featured before fund-a-need</li> <li>• Highlight on Caritas social media</li> </ul>	<ul style="list-style-type: none"> <li>• Name displayed during virtual event</li> <li>• Name listed on event webpage on Caritas website</li> <li>• Highlight on Caritas social media</li> </ul>	<ul style="list-style-type: none"> <li>• Name displayed during virtual event</li> <li>• Highlight on Caritas social media</li> </ul>

*For all sponsorship levels, please send a high-resolution version of your business logo to Carly Jones January 10, 2021.*

**Please complete the information below:**

*\*Presenting Sponsor information available upon request\**

**YES**, I want to be a Sponsor

\$5,000 Platinum Sponsor    \$2,500 Gold Sponsor    \$1,000 Caritas Society Sponsor    \$500 Patron Sponsor

In lieu of sponsoring or advertising, I/we have enclosed a tax-deductible contribution of \$ \_\_\_\_\_

Enclosed is a check payable to Caritas Family Solutions in the amount of \$ \_\_\_\_\_

Charge my:  Visa    MasterCard    Discover    American Express   in the amount of \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

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

Questions? Please contact Carly Jones at (618) 213-8746 or Carly.Jones@caritasfamily.org.

**THANK YOU FOR YOUR SUPPORT!**

