



RecoveryResource
COUNCIL

Providing hope, conquering addiction, healing families.

Our Mission

To promote wellness and recovery from alcohol and substance use disorders and trauma.

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March 4, 2021

Friends!

Jan and I are excited to chair the **2021 Power of Prevention** fundraiser. Our speaker will be former NBA player and subject of Emmy nominated ESPN documentary, *Unguarded*, **Chris Herren**. We are planning a **September 28, 2021**, early evening event in a neighborhood backyard with a food truck providing dinner. We want a safe and casual evening with friends, promoting mental wellness and recovery in our community.

Recovery Resource Council's mission is to promote wellness and recovery from alcohol, substance use disorders, and trauma. Our psychotherapy, educational, and basic needs programs are focused on preventing morbidity from mental illness. Since merging with the Dallas Council on Drugs and Alcohol, Fort Worth based Recovery Resource Council, now serves 20 North Texas counties.

The Council has more than doubled in size since the merger, providing essential and increasingly needed mental health care to low and no income North Texans. Addiction therapy, referrals, education, and screening services are the core of the services Recovery Resource Council has provided to North Texans for 75 years.

Thank you for joining us in our mission to ensure that Dallasites, and more broadly, North Texans, have access to mental health and basic needs programs and services during this unique and extremely crucial time. Because you are joining us, we know that we are making our community better for our families and friends – **to another 75 years.**

Sincerely,

Jan Osborn

Jan Osborn, *Co-Chair*

Robin Bagwell

Robin Bagwell, *Co-Chair*

Taylor Stensrud

Taylor Stensrud, *Honorary Chair*

Host Committee:

Lindsay and George Billingsley

Sandra Estess

Caroline Gehan

Lauren Gillett

Kathy and Larry Helm

Elizabeth and Bob Hughes

Ashlee and Chris Kleinert

TJ Kleinert

Janina and Charlie Solomon

Vicki and Bruce Stensrud

Kim and Evan Wyly

Nancy and Jack Zogg

Terry Bentley Hill and Tom Krampitz



WEST CAMPUS: 2700 Airport Freeway, Fort Worth, TX 76111

EAST CAMPUS: 1349 Empire Central Drive, Suite 800, Dallas, TX 75247

NORTH CAMPUS: 306 North Loop 288, Denton, TX 76209 (Visits by appointment only)

(817) 332-6329

www.recoverycouncil.org

THE POWER OF PREVENTION

POWER OF PREVENTION SPONSORSHIP LEVELS

Presenting Sponsor – \$25,000

Referrals to 83 clients struggling with addiction and/or mental health disorders

- Sponsor listed in all PRs to area media
- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 30 virtual tickets
- 20 live event tickets with preferential seating
- 20 raffle tickets

Serenity Sponsor – \$15,000

Referrals to 62 clients struggling with addiction and/or mental health disorders

- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 30 virtual tickets
- 15 live event tickets with preferential seating
- 15 raffle tickets

Hope Sponsor – \$10,000

Referrals to 41 clients struggling with addiction and/or mental health disorders

- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 8 live event tickets
- 10 raffle tickets

Courage Sponsor – \$5,000

Referrals to 20 clients struggling with addiction and/or mental health disorders

- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 4 live event tickets
- 5 raffle tickets

Joy Sponsor – \$2,500

Referrals to 10 clients struggling with addiction and/or mental health disorders

- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 4 live event tickets
- 3 raffle tickets

Virtual Ticket Package – \$1,500

Referrals to 6 clients struggling with addiction and/or mental health disorders

- 15 virtual tickets
- Name listed as a virtual event sponsor

Live Event Ticket – \$200

Virtual Event Ticket – \$100



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THE POWER OF PREVENTION

SPONSORSHIP COMMITMENT FORM

Email to events@recoverycouncil.org

For inclusion in program: Submit by August 31, 2021

Organization: _____

Contact Name: _____

Address: _____

Phone Number: _____ Email Address: _____

How would you like sponsorship to be listed in print?: _____

YES! I would like to support this event with a sponsorship at the following level:

(Please see reverse side for sponsorship benefits.)

- | | |
|--|---|
| <input type="checkbox"/> Presenting Sponsor – \$25,000 | <input type="checkbox"/> Joy Sponsor – \$2,500 |
| <input type="checkbox"/> Serenity Sponsor – \$15,000 | <input type="checkbox"/> Virtual Ticket Package – \$1,500 |
| <input type="checkbox"/> Hope Sponsor – \$10,000 | <input type="checkbox"/> Live Event Ticket – \$200 |
| <input type="checkbox"/> Courage Sponsor – \$5,000 | <input type="checkbox"/> Virtual Event Ticket – \$100 |
- I am unable to make it. Please count on me/my company for a donation: \$ _____
- I would like to donate an item. Please contact me.
- I would like to make a donation in honor of Taylor Stensrud.

PAYMENT INFORMATION – Please select an option below:

- I would like to pay by credit card – my information is below.
- I have enclosed a check made payable to Recovery Resource Council.

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

Billing Address: _____

Email Address for Receipt: _____

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THE POWER OF PREVENTION

DONATION FORM

Email to events@recoverycouncil.org

Federal E.I. 75-6005093

Donor's Name (or Company): _____

Donor's Address: _____

Please consider a gift valued at \$100 or more.

Gift Item: _____

Donor Estimated Value: _____ Phone Number: _____

Prefers to remain anonymous

Gift to be delivered to Council: Yes No Buyer to pick up item after event: Yes No

Comments: _____

If company gift, identify principal person involved in donating: _____

Description of gift as desired to appear in program.

Please state any limitations, special conditions, and expiration dates if applicable.

Signature of Donor or Individual Authorizing Donation: _____

Signature of Solicitor: _____

Address: _____

Phone Number: _____ Fax Number: _____

FOR OFFICE USE ONLY

LOT # _____

SALE PRICE: _____

*Thank you for your contribution
to Recovery Resource Council*

DONOR'S TAX RECORD



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