

## STARS IN RECOVERY SPONSORSHIP LEVELS

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### Presenting Sponsor – \$20,000

*Referrals to 83 clients struggling with posttraumatic stress 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 VIP Reception tickets

### Mega Star Sponsor – \$15,000

*Referrals to 62 clients struggling with posttraumatic stress 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 VIP Reception tickets

### All Star Sponsor – \$10,000

*Referrals to 41 clients struggling with posttraumatic stress 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
- 8 VIP Reception tickets

### Shooting Star Sponsor – \$5,000

*Referrals to 20 clients struggling with posttraumatic stress 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
- 4 VIP Reception tickets

### Shining Star Sponsor – \$2,500

*Referrals to 10 clients struggling with posttraumatic stress and/or mental health disorders*

- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 4 live event tickets
- 2 VIP Reception tickets

### Star Sponsor – \$1,500

*Referrals to 6 clients struggling with posttraumatic stress and/or mental health disorders*

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

### Live Event Ticket – \$200

### Virtual Event Ticket – \$100



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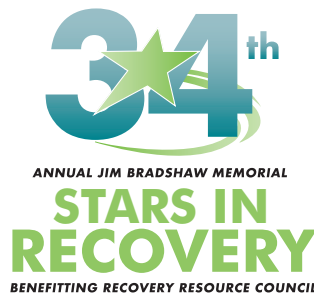
**WEST CAMPUS:** 2700 Airport Freeway, Fort Worth, TX 76111

**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](http://www.recoverycouncil.org)**



## SPONSORSHIP COMMITMENT FORM

Email to [events@recoverycouncil.org](mailto:events@recoverycouncil.org)

For inclusion in program: Submit by April 1

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 – \$20,000   | <input type="checkbox"/> Shining Star Sponsor – \$2,500   |
| <input type="checkbox"/> Mega Star Sponsor – \$15,000    | <input type="checkbox"/> Virtual Ticket Package – \$1,500 |
| <input type="checkbox"/> All Star Sponsor – \$10,000     | <input type="checkbox"/> Live Event Ticket – \$200        |
| <input type="checkbox"/> Shooting Star 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 for the Silent Auction. Please contact me.

### 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: \_\_\_\_\_



## DONATION FORM

Email to [events@recoverycouncil.org](mailto: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 Auction 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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