

# THE POWER OF PREVENTION

## POWER OF PREVENTION SPONSORSHIP LEVELS

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### Presenting Sponsor – \$25,000

- 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
- 15 virtual tickets
- 20 live event tickets
- 20 VIP tickets
- 20 door prize entries

### Serenity Sponsor – \$15,000

- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 15 live event tickets
- 15 VIP tickets
- 15 door prize entries

### Hope Sponsor – \$10,000

- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 10 live event tickets
- 10 VIP tickets
- 10 door prize entries

### Courage Sponsor – \$5,000

- Name listed as an event sponsor in pre-event materials
- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 10 live event tickets
- 5 VIP tickets
- 5 door prize entries

### Joy Sponsor – \$2,500

- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 10 live event tickets
- 5 door prize entries

### Faith Sponsor – \$1,500

- Name listed as an event sponsor in day of event materials
- 15 virtual tickets
- 5 live event tickets
- 5 door prize entries

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## INDIVIDUAL TICKETS

**Live Event Ticket – \$200**

**Virtual Event Ticket – \$100**



Providing hope, conquering addiction, healing families.

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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)**

# THE POWER OF PREVENTION

## SPONSORSHIP COMMITMENT FORM

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

For inclusion in program: Submit by August 31, 2022

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

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# THE POWER OF PREVENTION

## 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 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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