



A night of Sangria, Tapas & Flamenco

SPONSORSHIP INFORMATION

A benefit to support SamaraCare's affordable Mental Health Access Program

Thursday, May 2nd, 2024 | 6 - 9 P.M.

GENERAL SPONSORSHIPS

Sponsorship Benefits	Mental Health CHAMPION \$5,000	Mental Health HERO \$2,500	Mental Health ADVOCATE \$1,500
Complimentary tickets to the event	8	4	2
Ad in event program booklet	Full Page	Half Page	Quarter Page
Name recognition on event materials*	✓	✓	✓

SPECIALTY SPONSORSHIPS

Sponsorship Benefits	WELCOMING SANGRIA (1 AVAILABLE) \$2,500	BAR (3 AVAILABLE) \$2,500	ENTERTAINMENT (2 AVAILABLE) \$2,500	DESSERT (1 AVAILABLE) \$2,500	TABLE DECOR (1 AVAILABLE) \$1,500
Complimentary tickets to the event	4	4	4	4	2
Ad in event program booklet	Half Page	Half Page	Half Page	Half Page	Quarter Page
Prominent signage	at Sangria station	at bar station	at main stage	on each guest table	on each guest table
Name recognition on event materials*	✓	✓	✓	✓	✓

*Name recognition on printed and digital materials including, event webpage, on screen projection, event signage (deadline permitting)

Unable To Sponsor Or Attend?

Please consider placing an ad in the Event Program Book or making a donation in support of our important work in the community for over 52 years.

Program Book Ad sizes:

- Full Page: 5.5" Wide x 8.5" High
- Half Page: 5.5" Wide x 4.25" High
- Quarter Page: 2.75" Wide x 4.25" High



SamaraCare® | Choose Stronger

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SPONSORSHIP RESPONSE FORM

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Contact Information

Individual Business

Name _____

Title _____ Company _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Sponsorship Selection

- General: Champion (\$5,000) Hero (\$2,500) Advocate (\$1,500)
- Specialty: Welcoming Sangria (\$2,500) Bar (\$2,500) Entertainment (\$2,500)
- Dessert (\$2,500) Table Decor (\$1,500)

Program Ad Only Selection:

- Inside Front Cover (\$550) Inside Back Cover (\$550) Back Cover (\$550)
- Full Page (\$500) Half Page (\$250) Quarter Page (\$150)

Additional Tickets _____ Quantity x (\$125) = \$ _____

Payment Method

Amount to be charged: \$ _____

- Check (please make payable to SamaraCare Counseling) Send Invoice to address listed above
- Credit Card: Visa MasterCard AMEX Discover

Card No. _____ Sec Code _____ Exp Date _____

Billing Zip Code _____ Signature _____

Please return form, logo and ad artwork to SamaraCare by April 17th, 2024

Email to: wpeterson@samaracarecounseling.org
or Mail to: William B. Peterson, Director of Development
1819 Bay Scott Circle
Naperville, IL 60540

Questions?

Contact Bill Peterson at email address above or by phone at 630-357-2456 x122

Accepted logo and ad formats are: X1A PDF preferred, Illustrator EPS, Photoshop TIFF or JPEG.
Samaracare reserves the right to edit or modify content.



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