WOMEN IN TOUCH SPONSORSHIP INFORMATION



A benefit to Provide Reduced Cost Mental Health Services to Women and Children in Need. Friday | May 2nd, 2025 | 7 - 9 A.M.

GENERAL SPONSORSHIPS	Sponsorship Benefits	PLATINUM \$5,000	GOLD \$2,500	SILVER \$1,500	TABLE HOST 10 seats (Discounted Pricing) \$650	TABLE HOST 8 seats (Discounted Pricing) \$525
	Complimentary tickets to the event	10	6	4	10	8
	Ad in event program booklet	Full Page	Half Page	Quarter Page	Listing	Listing
- •	Name recognition on event materials*	ø	0	0		

SPECIALTY SPONSORSHIPS	Sponsorship Benefits	COFFEE STATION (1 AVAILABLE) \$2,500	FLORAL DÉCOR (1 AVAILABLE) \$1,500
	Complimentary tickets to the event	6	4
	Ad in event program booklet	Quarter Page	Quarter Page
	Prominent signage	at coffee station	on each guest table
	Name recognition on event materials*	ø	Ø

*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 53 years.



Choose Stronger

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



Samaracarecounseling.org

Register Online at samaracarecounseling.org/sponsor

WOMEN IN TOUCH SPONSORSHIP RESPONSE FORM

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Contact In	formation 🗌 Individual	Business			
Name					
Title			Company		
Street Addre	SS				
City		State	Zip		
Email			Phone		
Sponsorsh	ip Selection				
General:	Platinum (\$5,000)	🗌 Gold (\$2	,500)	🗌 Silver (\$	\$1,500)
	Table Host: 10 seats Discounted Pricing (\$6		650)	☐ Table Host: 8 seats Discounted Pricing (
Specialty:	Coffee Station (\$2,500	D) 🗌 Floral De	écor (\$1,500)	
Program Ad	Only Selection:				
□ Full Page (\$400) □ F		🗌 Half Pag	ge (\$250)		r Page (\$150)
Additiona	l Tickets Quantity x \$	75 Early Bird Specia	l Before 4/2	21 (After 4/21 \$85) =	= \$
Payment N	Method				
Amount to b	e charged: \$	_			
Check (pl	ease make payable to Samara	Care Counseling)	🗌 Se	nd Invoice to addre	ss listed above
Credit Ca	rd: 🗌 Visa 🗌 N	1asterCard	AMEX	Discover	
Card No.				Sec Code	Exp Date
Billing Zip Co	ode	Signature			

Please return form, logo and ad artwork to SamaraCare by April 18th, 2025

Email to:wpeterson@samaracarecounseling.orgor Mail to:William B. Peterson, Director of Development1819 Bay Scott CircleNaperville, 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.

