



SamaraCare® | Choose Stronger

## THE IMAGINE STRONGER BREAKFAST BENEFIT

A benefit to Provide Reduced Cost Mental Health Services to Women and Children in Need.

GENERAL SPONSORSHIPS

Sponsorship Benefits	PLATINUM \$5,000	GOLD \$2,500	SILVER \$1,500	TABLE HOST 10 seats <i>(Discounted Pricing)</i> \$850	TABLE HOST 8 seats <i>(Discounted Pricing)</i> \$675
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*	✓	✓	✓		

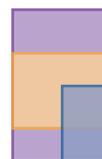
SPECIALTY SPONSORSHIPS

Sponsorship Benefits	SPEAKER SPONSOR <i>(1 AVAILABLE)</i> \$5,000	COFFEE STATION <i>(1 AVAILABLE)</i> \$2,500	FLORAL DÉCOR <i>(1 AVAILABLE)</i> \$1,500
Complimentary tickets to the event	10	6	4
Ad in event program booklet	Inside Front Cover	Quarter Page	Quarter Page
Prominent signage	Speaker Podium	at coffee station	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 55 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

# The Imagine Stronger Breakfast Benefit

## SPONSORSHIP RESPONSE FORM

A benefit to Provide Reduced Cost Mental Health Services to Women and Children in Need.

Friday | May 8th, 2026 | 7 - 9 A.M.

**Contact Information**  Individual  Business

Name \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Sponsorship Selection

General:  Platinum (\$5,000)  Gold (\$2,500)  Silver (\$1,500)  
 Table Host: 10 seats Discounted Pricing (\$850)  Table Host: 8 seats Discounted Pricing (\$675)

Specialty:  Coffee Station (\$2,500)  Floral Décor (\$1,500)

Program Ad Only Selection:

Full Page (\$400)  Half Page (\$250)  Quarter Page (\$150)

Additional Tickets \_\_\_\_\_ Quantity x \$100 pp = \$ \_\_\_\_\_

### 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 24th, 2026

**Email to:** [wpierros@samaracarecounseling.org](mailto:wpierros@samaracarecounseling.org)  
**or Mail to:** William Pierros, Director of Philanthropy  
1819 Bay Scott Circle  
Naperville, IL 60540

### Questions?

Contact Will Pierros at email address above or by phone at 630-357-2456 x250

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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