



Artful Healing

Collective Naples

November 15, 2022 | 5:30-7:30 p.m.

**SPONSORSHIP
OPPORTUNITIES**

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor (Exclusive) - \$5000.00

- Recognition as presenting sponsor at event
- Logo/Name included in press releases, media stories, online postings, social media postings, and other related materials (pending print deadlines)
- Logo/Name included on event webpage with link to sponsor website
- Opportunity to speak at event
- Logo/Name included on all event signage
- Logo/Name on event program
- Logo/Name on reception cocktail napkins
- Sponsor information table at event registration
- Six (6) tickets to DLC Artful Healing
- CMHP Standard Benefits
- Inclusion of DLC's annual report

Advocate Sponsor - \$2500.00

- Logo/Name included in press releases, media stories, online postings, social media postings, and other related materials (pending print deadlines)
- Logo/Name included on event webpage with link to sponsor website
- Logo/Name included on all event signage
- Logo/Name on event program
- Four (4) tickets to DLC Artful Healing
- CMHP Standard Benefits
- Inclusion of DLC's annual report

SPONSORSHIP OPPORTUNITIES

Healing Sponsor - \$1750.00

- Logo/Name included in press releases, media stories, online postings, social media postings, and other related materials (pending print deadlines)
- Logo/Name included on event webpage
- Logo/Name included on all event signage
- Logo/Name on event program
- Two (2) tickets to DLC Artful Healing
- Inclusion of DLC's annual report

Hope Sponsor - \$500.00

- Logo/Name included in press releases, media stories, online postings, social media postings, and other related materials (pending print deadlines)
- Logo/Name included on event webpage
- Logo/Name on event program
- Two (2) tickets to DLC Artful Healing

Artful Healing

REGISTRATION

Please check desired level below:

- Presenting \$5,000
 Advocate \$2,500
 Healing \$1,750
 Hope \$500
-

Contact Name: _____

Phone: _____ Email: _____

I would like to be listed as _____

Please invoice me

Enclosed is my check for \$_____ payable to the David Lawrence Center Please charge to my credit card information below:

MC Visa AmEx CVV Code: _____ Billing Zip Code: _____

Credit Card Number: _____ Expiration Date: _____

Card Holder's Name: _____

Please make checks payable to
David Lawrence Center Mail to:
6075 Bathey Lane, Naples, FL
34116

For more information please contact Briana Shipe Karaszi at
Brianask@dlcenters.org

