DLU DAVID LAWRENCE CENTERS FOR BEHAVIORAL HEALTH^M

Artful Healing Collective Naples

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

SPONSORSHIP OPPORTUNITIES

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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:
MCVisaAmEx CVV Code: Billing Zip Code: Credit Card Number: Expiration Date:
Card Holder's Name: <u>Please make checks payable to</u> <u>David Lawrence Center Mail to:</u> <u>6075 Bathey Lane, Naples, FL</u> <u>34116</u>
For more information please contact Briana Shipe Karaszi at Brianask@dlcenters.org
DLU DAVID LAWRENCE CENTERS FOR BEHAVIORAL HEALTH ^M

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