

 **DLC ADVOCATES**

**SUNSET  
CRUISE**  
FOR MENTAL HEALTH



**Thursday, June 15, 2023**  
**6:00 PM - 9:00 PM**



# SPONSORSHIP OPPORTUNITIES

## Captain Level/Title Sponsor - \$2000.00 (Exclusive Sponsorship)

- Eight (8) tickets to the event
- Eight (8) beverage tickets
- Eight (8) raffle tickets
- Company name/logo on cocktail napkins
- Opportunity to set up an informational table and signage at the event
- Name/Logo listed on DLC's event website with link to company website
- Recognition in DLC's annual report
- Recognition at event registration as Title Sponsor
- Company name/logo displayed throughout event lobby

## Cruiser Level - \$1000.00

- Four (4) tickets to the event
- Four (4) beverage tickets
- Four (4) raffle tickets
- Name/Logo listed on DLC's event website
- Recognition in DLC's annual report
- Recognition at event

## Sailor Level - \$500.00

- Two (2) tickets to the event
- Two (2) beverage tickets
- Two (2) raffle tickets
- Name/Logo listed on DLC's event website
- Recognition in DLC's annual report
- Recognition at event

## Reef Ticket: \$105.00

- One (1) Ticket to the event
- Ten (10) Raffle tickets & Two (2) beverage tickets

## Anchor Ticket \$85.00

- One (1) ticket to the event
- Five (5) raffle tickets & One (1) beverage ticket

## Individual Ticket \$65.00

- One (1) ticket to the event
- One (1) beverage ticket



# SUNSET CRUISE

## SPONSORSHIP & REGISTRATION

Please check desired level below:

\_\_\_ Captain \$2,000

\_\_\_ Cruiser \$1,000

\_\_\_ Sailor \$500

\_\_\_ Individual Ticket(s) \$65

\_\_\_ Anchor Ticket \$85

\_\_\_ Reef Ticket \$105

*\*Please indicate number of tickets if more than one*

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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  
[Donorcare@DLCenters.org](mailto:Donorcare@DLCenters.org)

