

# A SAFETYVILLE TRADITION SINCE 1991



CARNIVAL GAMES



COSTUME PARADE



ENTERTAINMENT

TRICK-OR-TREAT STATIONS

# A SAFE TRICK-OR-TREAT ALTERNATIVE

## SATURDAY, OCTOBER 27, 2018

SPONSORSHIP LEVEL	YOUR LOGO ON EVENT TICKETS	SAFETYVILLE MARQUEE (Oct 1-31)	FEATURED ON EVENT WEBSITE	ANNOUNCED AT EVENT	RECOGNITION IN eBLAST PROMOTIONS	EVENT TICKETS	FEATURED ON EVENT PROGRAM	OPPORUNITY TO HOST FESTIVAL BOOTH	ADDITIONAL DETAILS
<b>Level 1 Sponsor</b> \$5,000 <b>SPONSORED</b> <i>Exclusive Title Sponsor</i>	◆	🔗			ALL	10	LOGO *		<ul style="list-style-type: none"> <li>• May display up to 2 banners at event</li> <li>• Sponsor benefits are customizable at this level</li> <li>• Premier logo placement on ALL print collateral</li> <li>* Exclusive front cover logo placement on event program</li> <li>◆ Recognition on Safetyville Marquee from October 1 - 31</li> <li>🔗 With hyperlink to your website</li> </ul>
<b>Level 2 Sponsor</b> \$2,500			🔗		ALL	6	LOGO		<ul style="list-style-type: none"> <li>• May display 1 company banner at event</li> <li>🔗 With hyperlink to your website</li> </ul>
<b>Level 3 Sponsor</b> \$1,000			NAME ONLY		1	4	LOGO		<ul style="list-style-type: none"> <li>• May display 1 company banner at event</li> </ul>
<b>Level 4 Sponsor</b> \$500					1	2	LOGO		
<b>Event Vendor</b> \$150					1 NAME ONLY	2	NAME ONLY		



# SPONSOR COMMITMENT FORM

## Saturday, October 27, 2018

Form must be received by ~~August 31~~ **September 21** to be included in promotional material.

### Company Information

Company Name:			
Contact Name:		Title:	
Email:			
Phone Number:		FAX:	
Company Address:		City:	State: Zip:

Event Sponsorships		
<input checked="" type="checkbox"/>	EXCLUSIVE OPPORTUNITY - <del>Level 1 Sponsor</del> Presenting Sponsor	\$5,000.00
<input type="checkbox"/>	Level 2 Sponsor	\$2,500.00
<input type="checkbox"/>	Level 3 Sponsor	\$1,000.00
<input type="checkbox"/>	Level 4 Sponsor	\$ 500.00
<input type="checkbox"/>	Other Donation	\$

### Payment Information

<input type="checkbox"/> Enclosed is a Check For:	<input type="checkbox"/> Please send invoice. PO Number:
<input type="checkbox"/> Please Charge my Credit Card: \$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Credit Card Number:	EXP:
Name on Card:	Signature:
Billing Address if Different from Above:	

Return or Fax to: **Angela Tanner**

Safety Center | 3909 Bradshaw Road | Sacramento, CA 95827

[angela@safetycenter.org](mailto:angela@safetycenter.org) | 916.366.7233 ext. 1203 | Fax: 916.366.1920