



Annual Links of Hope Benefit

SPONSORS

_____ \$1,000 contribution

You will receive:

- Full page ad in the Benefit program
- Listing as a 2019 Sponsor, link included, on our Website
- 8 seats at the dinner
- Ad dimensions 4 ¾" W x 7 ½" L

_____ \$500 contribution

You will receive:

- 2/3 page ad in the Benefit program
- Listing as a 2019 Sponsor, link included, on our Website
- 6 seats at the dinner
- Ad dimensions 4 ¾" W x 5" L

_____ \$250 contribution

You will receive:

- 1/3 page ad in the Benefit program
- Listing as a 2019 Sponsor on our Website
- 4 seats at the dinner
- Ad dimensions 4 ¾" W x 2 ½" L

_____ \$100 contribution

You will receive:

- A line in the Benefit program
- 2 seats at the dinner

_____ In-Kind/Auction items contribution

You will receive:

- A line in the Benefit program
- Value based on 50% of retail for ad consideration

TICKETS ONLY

_____ tickets at \$40.00 each for a total of \$ _____

_____ Please mail us _____ tickets for our attendance at the Benefit, October 12th at 6:00 PM at Glory of God Church, 3735 N. Indian River Dr., Cocoa.

You may enclose your check for sponsorship or donation with this form or forward it prior to the Benefit.

Contact Name: _____

Company or Church Name: _____

Address: _____

Phone: _____ Email: _____

LINKS OF HOPE
INC is a



Ms. Chrissy McDowell will contact you to receive your ad copy and/or logo. All sponsors receiving ads will have the opportunity to approve proofs before publication. You may call her at 321-690-0080 or e-mail her at lohorg@linksofhope.org. Ms. McDowell will also ask for the names of those attending the event to verify total attendance. All ads must be received by October 7TH.

On behalf of the thousands of Brevard children and their families blessed by Links of Hope, thank you and God bless you.