

Dancin' IN THE Clover

March 21, 2020 | Union County Ag & Conference Center, Monroe, NC

Sponsorship Benefits

Platinum Sponsor.....\$5,000

Company name/logo on collateral material as presenting sponsor
On-screen recognition at Gala Event as presenting sponsor
One (1) full-page color ad in the 2020 **Dancin' in the Clover** program
Table space at main entrance to display company info and literature
Company name/logo listed on Foundation website for one (1) year with a link
Company name/logo prominently displayed at event entrance and at each table
12 tickets to Dancin' in the Clover event

Gold Sponsor.....\$2,500

Company name/logo on collateral material as presenting sponsor
On-screen recognition at Gala Event as presenting sponsor
Half-page color ad in the 2020 **Dancin' in the Clover** program
Company name/logo listed on Foundation website for one (1) year with a link
Company name/logo prominently displayed at event entrance
8 tickets to Dancin' in the Clover event

Silver Sponsor.....\$1,000

Company name/logo on collateral material
On-screen recognition at Gala Event
Listing in the 2020 **Dancin' in the Clover** program
Company name/logo listed on Foundation website for one (1) year with a link
Company name/logo prominently displayed at event entrance
Four (4) event tickets

Bronze Sponsor.....\$ 500

On-screen recognition at Gala Event
Listing in the 2020 **Dancin' in the Clover** program
Two (2) event tickets

Clover Sponsor.....\$ 250

Listing in the 2020 **Dancin' in the Clover** program
Company name/logo listed on Foundation website for one (1) year with a link
Company name/logo prominently displayed at event entrance



For More Information
Crystal Starkes, 4-H Agent
704.283.3735
www.union4Hfoundation.com

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EVENT SPONSOR

SPONSORSHIP LEVEL:

Platinum Gold Silver Bronze Clover

CONTACT NAME: _____ PHONE: _____

COMPANY NAME (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____ E-MAIL: _____

PAYMENT INFORMATION:

Enclosed is my check for \$ _____

Please bill my VISA MasterCard

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD NO.: _____ CVV: _____ EXP. ____/____

RETURN TO:

Union Co. 4-H Foundation
P.O. Box 293 | Wingate, NC | 28174
FAX: (704) 283-3734 | **PHONE:** (704) 283-3735
EMAIL: admin@union4Hfoundation.com