



LEADERSHIP HIGH



SATURDAY

JUNE 4TH, 2016

CHARLOTTE COUNTY FAIR GROUNDS

STARTING AT 6:00 PM

COCKTAILS ♦ DINNER ♦ DANCING
SILENT AUCTION ♦ WINE TOSS

\$75 per person

To Benefit



LEE MEMORIAL
HEALTH SYSTEM



CROSSROADS



Presented by Leadership Charlotte Class of 2016

SPONSORSHIPS

SENIOR CLASS SPONSOR - \$5,000

- Prominent seating for 20 guests (2 full tables)
- Recognition as the "Senior Class Sponsor" on all marketing materials
- Logo and link on the leadershipcharlotte.net for 1 year
- Display of a large corporate banner at the event
- Two minutes of stage time during the event
- Full page, color advertisement in the program (front inside cover or back cover)
- Table signs recognizing the sponsor
- Twenty rings for the Wine Toss

JUNIOR CLASS SPONSOR - \$2,500

- Prominent seating for 10 guests (1 full table)
- Logo on the leadershipcharlotte.net website for 1 year
- Display of a medium corporate banner at the event
- Verbal recognition during the event
- Full page, color advertisement in the program
- Table sign recognizing the sponsor
- Ten rings for the Wine Toss

SOPHOMORE CLASS SPONSOR - \$1,000

- Seating for 10 guests (1 full table)
- Display of small corporate banner at the event
- Half page, color advertisement in the program
- Table sign recognizing the sponsor
- Five rings for the Wine Toss

FRESHMAN CLASS - \$250

- Two Tickets
- Name in Program

Leadership Charlotte 2016

Presents

Leadership High PROM

Sponsorship Commitment Form

(Please print)

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Level of Sponsorship:

- Senior Class Sponsor - \$5,000
- Junior Class Sponsor - \$2,500
- Sophomore Class Sponsor - \$1,000
- Freshman Class Sponsor - \$250

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This sponsorship will be processed in the following manner:

- Check - made payable to Charlotte Chamber Community Foundation
- Please charge my Visa/MC/DCVR Credit Card

Credit Card#: _____ Expiration: _____

Billing address for the credit card: city, state and zip code:

Payment will be made upon the receipt of an invoice

Company Name: _____

(As it is to appear on marketing materials)

Billing Address (if different from above): _____

Please Email logo to: crgraph@hotmail.com

Please fax this form to: 941-627-9730

or email to: ruzonyi@charlottecountychamber.org

or mail to: Charlotte County Chamber of Commerce
2702 Tamiami Trail, Port Charlotte, FL 33952

Referred by: _____