



# STAND UP FOR INNOCENCE

A night of standup comedy to benefit the wrongfully convicted in Florida's prisons.

## FEBRUARY 3, 2024

Pre-event Reception at 7:00 PM  
Show at 8:15 PM

American Heritage School  
12200 W Broward Blvd  
Plantation, FL 33325



## SPONSORSHIP OPPORTUNITIES

SPONSORSHIP BENEFITS	\$7,500	\$5,000	\$2,500	\$1,000
<b>Pre-Event Recognition</b>				
Website Recognition*	✓	✓	✓	✓
Printed Materials Recognition*	✓	✓	✓	✓
Social Media Recognition**	✓	✓	✓	✓
<b>On-Site Event Recognition</b>				
Advertisement in program	Full Page	Half Page	Quarter Page	
Logo Displayed on Sponsor Board	✓	✓	✓	✓
Reserved Seating	Front Row	Front Row	Premiere	Preferred
Complimentary Show Tickets	20 tickets	15 tickets	10 tickets	4 tickets
Complimentary Reception Tickets	20 tickets	15 tickets	10 tickets	4 tickets

Please select a sponsorship level and complete a sponsorship commitment form either online at [igfn.us/form/-Ex0gA](https://igfn.us/form/-Ex0gA) or via the attached PDF Form by January 19, 2024.

If you would like to discuss an alternative level of support or in-kind donation please contact Jessica Bivens, IPF Development Officer, at 850.583.2893 or [jbivens@floridainnocence.org](mailto:jbivens@floridainnocence.org)

\*Logo & Name included on our website and printed materials for 1 year from date of event.

\*\*Logo and Name included on our social media and email promotions for period leading up to the event.



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February 3, 2024  
American Heritage School  
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Plantation, FL 33325

## SPONSORSHIP COMMITMENT FORM

Yes, I would like to sponsor the Innocence Project of Florida's 2024 Stand Up for Innocence Comedy Show at the following level:

- \$7,500 Freedom
- \$5,000 Justice
- \$2,500 Friend
- \$1,000 Partner

## SPONSORSHIP CONTACT INFORMATION

Sponsorship Contact Person: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

How you or company would like name displayed at Event, and on Digital and Printed Materials:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Do you plan on using your tickets?: \_\_\_\_\_

## PAYMENT INFORMATION

- Check payable to the Innocence Project of Florida is enclosed.
- Sponsorship Purchased online at [igfn.us/form/-Ex0gA](https://igfn.us/form/-Ex0gA)
- Please send me an invoice, and I will remit payment.
- Please charge my (circle option): AMEX VISA MASTERCARD DISCOVER

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address for Card (please select a box):

- Same as above
- New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_