



FREEDOM'S CANVAS: AN EXONEREE SHOWCASE OF STORIES, ART, AND MUSIC

OCTOBER 10, 2024

Cocktail hour 6pm Reception 7pm

Tampa River Center
402 W Laurel St.
Tampa, FL 33607

SPONSORSHIP OPPORTUNITIES

| SPONSORSHIP BENEFITS | \$7,500 | \$5,000 | \$2,500 | \$1,000 |
|-----------------------------------|---------|---------|---------|---------|
| Pre-event Recognition | | | | |
| Website Recognition* | ✓ | ✓ | ✓ | ✓ |
| Printed Materials Recognition* | ✓ | ✓ | ✓ | ✓ |
| Social Media Recognition** | ✓ | ✓ | ✓ | ✓ |
| On-Site Event Recognition | | | | |
| Logo Displayed on Sponsor Board | ✓ | ✓ | ✓ | |
| Logo Displayed on Screen | ✓ | ✓ | | |
| Logo Displayed on Step and Repeat | ✓ | | | |
| Complimentary Tickets | 16 | 10 | 6 | 4 |
| Reserved Seating | ✓ | ✓ | | |

Please select a sponsorship level and complete a sponsorship commitment form either online at <https://www.floridainnocence.org/freedoms canvas> or via the attached PDF Form by October 1, 2024. Sponsorships submissions recieved after this day may not appear on printed material.

If you would like to discuss an alternative level of support or in-kind donation, please contact Juliana Hemela, IPF Development Specialist, at 850.583.2893 or by email at jhemela@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.



SPONSORSHIP COMMITMENT FORM

Yes, I would like to sponsor the Innocence Project of Florida's End of Year event 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 would like your or your company's name displayed at the event, and on digital and print materials? _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone(s): _____

Email(s): _____

I will use my tickets

I will **NOT** use my tickets

PAYMENT INFORMATION

Check payable to the Innocence Project of Florida is enclosed.

Sponsorship Purchased online

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: _____