



**Join Innocence Project of Florida
celebrating 20 years of
unlocking the truth.**

NOVEMBER 16, 2023

Cocktail hour 6pm

Reception 7pm

Tampa River Center

402 W Laurel St,

Tampa, FL

Attire is Snappy Casual

<i>Sponsorship Opportunities</i>			
Sponsorship Benefits	\$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	12 tickets	8 tickets	4 tickets

Please select a sponsorship level and complete a sponsorship commitment form either online at <http://igfn.us/form/Rtf-tw> or via the attached PDF Form by November 2, 2023. 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 Jessica Bivens, IPF Development Officer, at 850.583.2893 or by email at 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.



Sponsorship Commitment Form

Yes, I would like to sponsor the Innocence Project of Florida's 20th Birthday Celebration at the following level:

- ☐ \$5,000 Innocence Advocate
☐ \$2,500 Innocence Friend
☐ \$1,000 Innocence 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 at <http://igfn.us/form/Rtf-tw>

☐ 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: _____