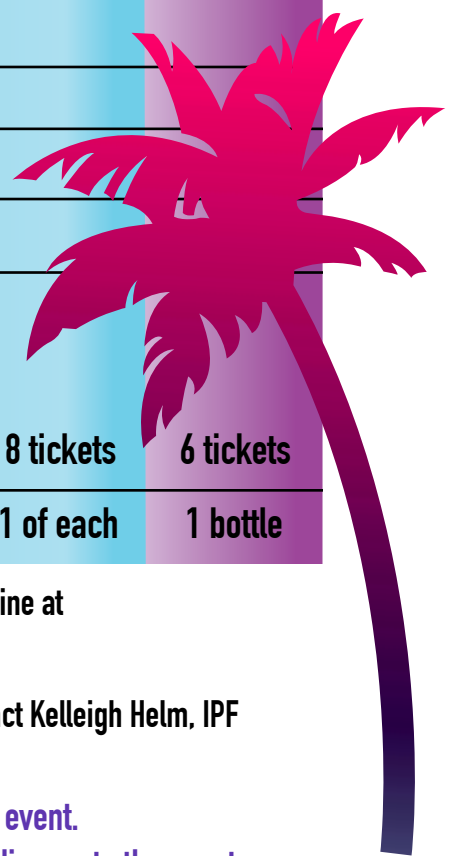




# Exoneration Celebration

## SPONSORSHIP OPPORTUNITIES

SPONSORSHIP BENEFITS	\$10,000	\$7,500	\$5,000	\$2,500	\$1,500
<i>Pre Event Recognition</i>					
Website Recognition*	✓	✓	✓	✓	✓
Printed Materials Recognition*	✓	✓	✓	✓	✓
Social Media Recognition**	✓	✓	✓	✓	✓
Email Blast Recognition**	✓	✓	✓	✓	✓
<i>On Site Event Recognition</i>					
Advertisement in program	Inside Cover	Full Page	Half Page	Quarter Page	Eighth Page
Logo Displayed on Sponsor Board	✓	✓	✓	✓	✓
Reserved Table	2 Tables	1 Table	1 Table		
Logo on Step & Repeat	✓	✓	✓		
Breakfast with Director & Exonerees	For 4 Guests	For 2 Guests			
Presented On Stage at Event	✓				
Byline for Event	✓				
Wine Tasting for 10 at Wolfe's Wines	✓				
<i>Exclusive Extras</i>					
Complimentary Tickets	16 tickets	12 tickets	10 tickets	8 tickets	6 tickets
Four Featured Wines	6 of each	3 of each	2 of each	1 of each	1 bottle



Please select a sponsorship level and complete a sponsorship commitment form either online at [FloridaInnocence.org/EC2019](http://FloridaInnocence.org/EC2019) or via the attached PDF Form by September 14, 2019.

If you would like to discuss an alternative level of support or in-kind donation please contact Kelleigh Helm, IPF Development Coordinator, at 850.561.6767 ext. 1005 or at [KHelm@FloridaInnocence.org](mailto:KHelm@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.



# Exoneration Celebration

## SPONSORSHIP COMMITMENT FORM

Yes, I would like to sponsor the Innocence Project of Florida's 2019 Exoneration Celebration at the following level:

- \$10,000 Innocence Partner
- \$7,500 Innocence Fellow
- \$5,000 Innocence Ally
- \$2,500 Innocence Advocate
- \$1,500 Innocence Friend

### 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): \_\_\_\_\_

Preferred Time of Day to reach you: \_\_\_\_\_ Preferred Days to reach you: \_\_\_\_\_

### PAYMENT INFORMATION

- Check payable to the Innocence Project of Florida is enclosed.
- Sponsorship Purchased online at [FloridaInnocence.org/EC2019](http://FloridaInnocence.org/EC2019)
- 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: \_\_\_\_\_