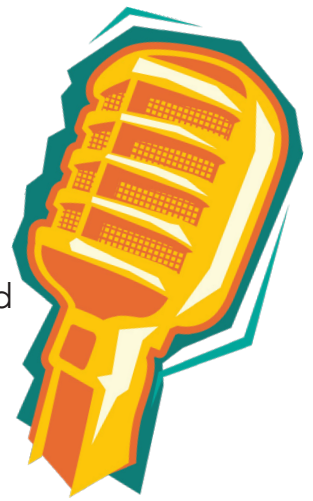




# STAND UP FOR INNOCENCE

Laugh out loud at an evening of standup comedy while supporting the Innocence Project of Florida's work to find and free the wrongfully convicted in Florida's prisons.



**FEBRUARY 8, 2020**  
 Reception 6pm Show 7:15pm

Friday Morning Musicale  
 809 Horatio Street  
 Tampa, FL 33606

## SPONSORSHIP OPPORTUNITIES

SPONSORSHIP BENEFITS	\$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	Quarter Page	
Logo Displayed on Sponsor Board	✓	✓
Complimentary Show Tickets	16 tickets	4 tickets
Complimentary Reception Tickets	16 tickets	4 tickets

Please select a sponsorship level and complete a sponsorship commitment form either online at [FloridaInnocence.org/StandUpTampa](http://FloridaInnocence.org/StandUpTampa) or via the attached PDF Form by February 3, 2020.

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 by email 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.



# STAND UP FOR INNOCENCE

February 8, 2020  
Friday Morning Musicale  
809 Horatio Street  
Tampa, FL 33606

## SPONSORSHIP COMMITMENT FORM

Yes, I would like to sponsor the Innocence Project of Florida's 2020 Stand Up for Innocence Comedy Show at the following level:

- \$2,500 Innocence Partner  
 \$1,000 Innocence Friend

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

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/Stand-Up-2020](https://FloridaInnocence.org/Stand-Up-2020)  
 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: \_\_\_\_\_