



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

## OCTOBER 10, 2024

*Cocktail hour 6pm      Program 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/freedomscanvas> or via the attached PDF Form by October 1, 2024. Sponsorship submissions received after October 1st may not appear on printed materials.

If you would like to discuss an alternative level of support or an in-kind donation, please contact Juliana Hemela, IPF Development Specialist, at 850.583.2893 or by email at [jhemela@floridainnocence.org](mailto: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: \_\_\_\_\_