



STAND UP FOR INNOCENCE

LAUGH OUT LOUD AT AN EVENING OF STANDUP COMEDY TO SUPPORT THE INNOCENCE PROJECT OF FLORIDA'S WORK TO FIND AND FREE THE WRONGFULLY CONVICTED IN FLORIDA'S PRISONS.

FEATURING



MIKE FREED



NICK HARVEY



DANNY JOHNSON

TICKETS ON SALE NOW AT
FLORIDAINNOCENCE.ORG/STANDUPTALLY

TALLAHASSEE

FIRE BETTY'S
1122 THOMASVILLE RD STE 1
TALLAHASSEE, FL 32303

NOVEMBER 6, 2025

RECEPTION AT 6 PM
SHOW AT 7:15 PM



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.

NOVEMBER 6, 2025

Reception at 6 PM, show at 7:15 PM

Fire Betty's

1122 Thomasville Rd STE 1

Tallahassee, FL 32303



SPONSORSHIP OPPORTUNITIES			
SPONSORSHIP BENEFITS	\$5,000	\$2,500	\$1,000
Pre-Event Recognition			
Website Recognition*	✓	✓	✓
Printed Materials Recognition*	✓	✓	✓
Social Media Recognition**	✓	✓	✓
On-Site Event Recognition			
Advertisement in Program	FULL PAGE	HALF PAGE	QUARTER PAGE
Logo Displayed on Sponsor Board	✓	✓	✓
Complimentary Tickets	12 TICKETS	8 TICKETS	4 TICKETS
Reserved Seating	✓		

Please select a sponsorship level and complete a sponsorship commitment form either online at <https://www.floridainnocence.org/standuptally> or via the attached PDF Form by October 27 , 2025.

If you would like to discuss an alternative level of support or in-kind donation, please contact Jessica Bivens, IPF Director of Development, at 850.528.7781 or by email at jbivens@floridainnocence.org

*Logo and Name included on our website 1 year from date of event.

**Logo and Name included on our social media and email promotions for period leading up to event



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November 6, 2025
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SPONSORSHIP COMMITMENT FORM

Yes, I would like to sponsor the Innocence Project of Florida's
2024 Stand Up for Innocence Comedy Show at the following level:

- ☐ \$5,000 Innocence Advocate
☐ \$2,500 Innocence Friend
☐ \$1,000 Innocence Supporter

SPONSORSHIP CONTACT INFORMATION

Sponsorship Contact Person: _____

Organization or Company: _____

How would you 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 (see address below)
☐ 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): ☐ Same as above

☐ New (enter below)

Address: _____

City: _____ State: _____ ZIP: _____

Questions? Contact Jessica Bivens, Director of Development, at 850.528.7781 or by email at jbivens@floridainnocence.org
Checks can be sent to: 124 Marriott Dr #104, Tallahassee, FL 32301