



A life of possibilities for people with intellectual disabilities.

2846 Old Fair Rd. Grand Island, NE 68803 308.381.1690

www.mosaiccentralne.org

Night of Inclusion

3rd Annual Night of Inclusion

Friday, March 11, 2011 — 6 p.m. | Midtown Holiday Inn Ballroom

SPONSORSHIP AGREEMENT

Corporate Individual

NAME

PHONE

ADDRESS

FAX

CITY STATE ZIP

E-MAIL

Table Sponsorships

\$1,300 Platinum

- 8 dinners at a reserved table
- name recognition in advertising at the event
- press releases
- opportunity to hang company banners at the event
- half page ad in Smiles newsletter for two publications
- company or individual's name/logo on Night of Inclusion invites

\$1,000 Gold

- 6 dinners at a reserved table
- name recognition in advertising at the event
- press releases
- opportunity to hang company banners at the event
- quarter page ad in Smiles newsletter for two publications
- company or individual's name/logo on Night of Inclusion invites

\$750 Silver

- 4 dinners at a reserved table
- Name recognition in advertising at the event
- press releases
- opportunity to hang company banners at the event

\$350 Bronze

- 2 dinners at a reserved table
- name recognition at the event and in thank you letters

* Sponsorships and underwriting opportunities must be received by February 21st for name/logo to be incorporated in Night of Inclusion program.

Underwriting Opportunities*

All underwriters will receive prominent name placement in all pre/post-event publicity in addition to recognition in the evening's program. Donations in these categories are 100% tax deductible. **In-kind donations are also welcome. In-kind donations valued at \$500 or more will receive two tickets to the Night of Inclusion.**

- Printing — \$1,000 or the actual printed items donated
- Centerpieces & decorations — \$1,500 or completed centerpieces and decorations donated
- Guest Favors — \$1,000 or items donated
- Entertainment — \$1,500
- Unrestricted Underwriting Donation \$ _____

Payment \$ _____

Payment enclosed (please make checks payable to Mosaic)
Please charge my MasterCard VISA American Express Discover

PERSON TO CONTACT IF MORE INFORMATION IS NEEDED:

PHONE

E-MAIL

CARD NUMBER EXP. DATE

NAME ON CARD ADDRESS ST ZIP

SIGNATURE DATE

Please make checks payable to Mosaic. Retain the bottom copy of this form for your records and send the top copy along with your check in the enclosed envelope. For tax purposes, you will be mailed a detailed receipt noting what portion of your sponsorship may be tax deductible as a donation, and what portion is considered by tax laws.