



Benefitting the  
Child Advocacy Center  
**SATURDAY**  
**October 1, 2022**  
**CAPE FEAR BOTANICAL GARDEN**

## EXCLUSIVE SIGNATURE DRINK SPONSORSHIP

- Two tickets to the event
- Company name on posters & invitations (Deadlines will apply to printed materials.)
- Name on CAC website & Facebook page
- Recognition sign at the Signature Drink Bar at Event
- Company name on Signature Drink Tickets
- Recognition in the CAC newsletter
- Media promotion and exposure



Only one sponsor will receive the exclusive signature drink sponsorship. To secure your sponsorship and receive all sponsor benefits, we must receive your Sponsor Agreement by **July 15, 2022.**

**Please see reverse for Sponsor Agreement.**

**Please mail for fax to:**

Child Advocacy Center  
PO Box 488, Fayetteville, NC 28302  
Phone (910) 486-9700 Fax (910) 486-8677  
[www.CACFayNC.org](http://www.CACFayNC.org)  
Or scan & email to [Roberta@CACFayNC.org](mailto:Roberta@CACFayNC.org)

Child Advocacy Center is a 501(c)(3) charitable organization. Tax ID# 56-2161682. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-807-2214 or 888-830-4989 for NC Residents.



**To Benefit the Child Advocacy Center  
Saturday, October 1, 2022 • 7PM– 11PM • Cape Fear Botanical Garden**

**Signature Drink Sponsor Agreement – Cash Contribution \$1,000:**

\_\_\_\_\_  
Company name as you want it to appear in printed materials

\_\_\_\_\_  
Contact person name and title

\_\_\_\_\_  
Street address

City	State	Zip
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Phone	Email	
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Signature & title of authorized representative	Date
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***Payment method:***

Check enclosed.

Invoice me for one payment for total amount OR  Invoice me for 2 payments, due Aug 1 & Sept. 1 2022.

Bill Credit Card. (Please complete additional information below.)

Please bill my credit card for \$1,000

Credit Card Number: \_\_\_\_\_

Payment Type:  Visa  MasterCard      Expiration Date: \_\_ \_\_/ \_\_ \_\_ CVV code \_\_ \_\_  
m m / y y

Name on Card: \_\_\_\_\_

Billing Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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