

Fourth Annual Show to Benefit the Child Advocacy Center

Saturday, April 9, 2022

Social Hour: 6 pm Show Time: 7 pm

Rock Star - \$3,000

- Name/logo on event materials including invitations*
- Name/logo on ads*
- 8 VIP reserved table tickets to the show with name/logo signage at table
- Recognition from stage at event
- Name/logo with a link on CAC website; logo/name on Facebook page & sponsor board at event
- Entry for 1 act (Up to 10 people; deadline to confirm act is Jan. 31, 2022.)
- Opportunity to provide company promo items for event
- Article about you or your business in the CAC newsletter (2,000 print distribution & 2,000 email distribution)

Celebrity - \$1,500

- Name on event materials including invitations*
- Name on thank-you ad
- 4 Reserved table tickets to the show
- Name on CAC website, Facebook page & sponsor board at event
- Recognition in the CAC newsletter
- Opportunity to provide company promo items for event

Groupie - \$750

- Name on event materials including invitations*
- Name on thank-you ad
- 2 Reserved table tickets to the show
- Name on CAC website, Facebook page & sponsor board at event
- Opportunity to provide company promo items for event

*Printing deadlines vary; receipt of agreement form by Jan. 31, 2022 ensures inclusion on printed materials. Please complete sponsorship agreement on back of this form.

Return form by mail, fax or email to:

Child Advocacy Center · P.O. Box 488 · Fayetteville, NC 28302 Phone (910) 486-9700 · Fax (910) 486-8677 Email: roberta@CACFayNC.org www.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. The license is not an endorsement by the State.



Fayetteville's Ultimate Lip Sync Showdown Sponsorship Agreement

Rock	Star	- \$3000
 NUCK	Star	- 22000

_____ Celebrity - \$1500

_____ Groupie - \$750

Company name as you want	: it to appear in printed materials			
Contact person name and ti	tle			
Mailing address				
City	State	Zip		
Phone	Email			
Alternate contact name				
Phone	Email			
Signature & title of authoriz	ed representative	Date		
<i>Payment method:</i> Check enclosed.				
Invoice me for one paym	nent for total amount ORInvoice me	e for two payments, due Feb. 1 and Mar. 1.		
Bill Credit Card. (Please o	complete additional information below.)		
	For Credit Card Payments	<u>Only:</u>		
Please bill my credit card for	my chosen sponsorship level:\$3,0	000\$1,500\$750		
Credit Card Number:	CVV code:			
Payment Type:Visa	MasterCard DiscoverAMEX	Expiration Date:/ m m / y y		
Name on Card:				
Billing Address Line 1:				
Billing Address Line 2:				
City:	State:	Zip:		
Signature:				
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