Fayetteville's Ultimate Lip Sync Showdown

Fifth Annual Show to Benefit the Child Advocacy Center
Saturday May 6, 2023
Social Hour: 6 pm
Show Time: 7 pm

Presenting Sponsor - $5,000

• Billed as presenting sponsor of the event on all materials including invitations*
• Billed as presenting sponsor on media releases and ads*
• Logo with link on Child Advocacy Center website & Facebook page
• Feature article about presenting sponsor in Child Advocacy Center newsletter (2,000 print distribution & 2,000 email distribution)
• Presenting sponsor recognition from the stage at each show
• Presenting sponsor recognition on sponsor board
• 16 VIP-Table tickets to show, logo signage at tables
• Display booth at event (if desired)
• Special Major Donor framed thank-you print from the Child Advocacy Center
• Name and year included on the Major Donor plaque at the Child Advocacy Center
• Thank-you display on Child Advocacy Center's facility sign at 222 Rowan Street for two months
• Entry for 1 act (Up to 10 people; deadline to confirm act is February 17, 2023.)
• Opportunity to provide company promo items for event

*Printing deadlines vary; receipt of agreement form by February 17, 2023 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
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
Presenting Sponsorship - $5,000

QUESTIONS? CALL THE CAC AT (910) 486-9700

NAME AS YOU WANT IT TO APPEAR IN PRINTED MATERIALS:

________________________________________________________________________

NAME OF CONTACT: ___________________________________ PHONE: ____________________

MAILING ADDRESS: ________________________________ CITY ________ STATE: ___ ZIP: ________

EMAIL ADDRESS: ________________________________ PHONE: ____________________

SIGNATURE: __________________________________ DATE: __________

PAYMENT METHOD:
☐ CHECK ENCLOSED
☐ INVOICE ME FOR ONE PAYMENT FOR TOTAL AMOUNT
☐ INVOICE ME FOR TWO PAYMENTS, DUE MARCH 1 AND APRIL 1
☐ BILL CREDIT CARD. (PLEASE COMPLETE ADDITIONAL INFORMATION BELOW.)

FOR CREDIT CARD PAYMENTS ONLY

PLEASE BILL MY CREDIT CARD FOR MY SPONSORSHIP LEVEL OF $5,000.

CREDIT CARD NUMBER: __________________________ CVV CODE: __________________

PAYMENT TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

EXPIRATION DATE: _______ MONTH _______ YEAR

NAME ON CARD: ____________________________________________________________

BILLING ADDRESS: ________________________________ CITY ________ STATE: ___ ZIP: ________

SIGNATURE: __________________________________ DATE: __________

THE CHILD ADVOCACY CENTER IS A 501 C 3 CHARITABLE ORGANIZATION. 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.