



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.