



## EXCLUSIVE MASK COMPETITION SPONSORSHIP BENEFITS

- 2 tickets at a reserved table at the event
- VIP gifts at the table
- Name on posters & invitations
- Name on CAC website, Social Media & sponsor board at event
- Recognition from the stage at the event
- Recognition in the CAC newsletter
- Logo/Name on trophy or plaque given to winners
- Logo/Name on sign at mask registration table



Benefitting the  
Child Advocacy Center  
**SATURDAY**  
**October 21, 2023**  
**CAPE FEAR BOTANICAL GARDEN**



To secure your exclusive Mask Competition sponsorship and to make the most of your sponsor benefits, we must receive your Sponsor Agreement not later than **August 18th, 2023**. This is an exclusive sponsorship, and we are offering the first opportunity to your company as the 2023 Mask Competition Sponsor.

**Please see reverse for Sponsor Agreement.**

**Please mail or 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 [Jasie@CACFayNC.org](mailto:Jasie@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 21, 2023  
7PM–11PM • Cape Fear Botanical Garden

**Exclusive Mask Competition Sponsor Agreement – Cash Contribution \$1000**

Company name as you want it to appear in printed materials

Contact person name and title

Mailing address

City

State

Zip

Phone

Email

Alternate contact name

Phone

Email

Signature & title of authorized representative

Date

***Payment method:***

\_\_\_ Check enclosed.

\_\_\_ Invoice me for one payment for total amount OR \_\_\_ Invoice me for 2 payments, due Aug. 1 & Sept. 1, 2023.

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

**Please bill my credit card for my \$1000.**

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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