

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

## 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, Facebook page & 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





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 <a href="July 15">July 15</a>, <a href="2022">2022</a>. This is an exclusive sponsorship, and we are offering the first opportunity to your company as the 2022 Mask Competition Sponsor.

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 Or scan & email to 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

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

Company name as you want	t to appear in print	ted materials	
Contact person name and titl	е		
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	LInvoice me for 2 payments	, due Aug. 1 & Sept. 1, 2022.
Bill Credit Card. (Please co	omplete additional	information below.)	
Please bill my credit card for	my \$1000.		
Credit Card Number:			
Payment Type:Visa	_MasterCard	Expiration Date:/ m m / y y	_ CVV code
Name on Card:			
Billing Address :			
City:		State:	_Zip:
Signature:			

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