



Benefiting the Child Advocacy Center SATURDAY, OCTOBER 18, 2025 THE CAROLINA BARN



LEVELS OF SUPPORT

PRESENTING SPONSOR

PLATINUM PINWHEEL - \$5,000 (ONLY 1)

- 16 tickets at 2 premier reserved tables at the event
- Recognition in all media as the presenting sponsor
- VIP gifts at the table
- Logo on posters & invitations
- Logo on the CAC website, Social Media & supporter board at event
- Recognition at the event
- Article about you or your business in the CAC newsletter (2,000 print distribution plus 2,000 email distribution)



DIAMOND PINWHEEL - \$3,000

- 8 tickets at a premier reserved table at the event
- VIP gifts at the table
- Logo on posters & invitations
- Logo on the CAC website, Social Media & supporter board at event
- Recognition at the event
- Article about you or your business in the CAC newsletter (2,000 print distribution plus 2,000 email distribution)



GOLD PINWHEEL - \$1,500

- 4 tickets at a reserved table at the event
- VIP gifts at the table
- Name on posters & invitations
- Name on CAC website, Social Media & supporter board at event
- Recognition at the event
- Recognition in the CAC newsletter

SILVER PINWHEEL - \$750

- 2 tickets at a reserved table at the event
- VIP gifts at the table
- Name on posters & invitations
- Name on CAC website, Social Media & supporter board at event
- Recognition in the CAC newsletter

BLUE PINWHEEL - \$500

- 2 general admission tickets to the event
- Name on posters & invitations
- Name on CAC website, Social Media & supporter board at event
- Recognition in the CAC newsletter

*Printing deadlines vary. To be included on all printed materials and make the most of your benefits, we must receive your agreement form by July 25th.

Please see reverse for 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 Or scan
& email to Robertae@CACFayNC.org

SCAN ME





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Agreement: ☐ Platinum \$5,000 ☐ Diamond \$3,000 ☐ Gold \$1,500 ☐ Silver \$750 ☐ Blue \$500

Company name as you want it to appear in printed materials

Contact Name & Title: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Alternate Contact Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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.

☐ Bill Credit Card. (Please complete additional information below.)

Please bill my credit card for my chosen level:

☐ Platinum \$5,000 ☐ Diamond \$3,000 ☐ Gold \$1,500 ☐ Silver \$750 ☐ Blue \$500

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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