

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

LEVELS OF SUPPORT

PLATINUM 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, Facebook page & 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, Facebook page & 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, Facebook page & 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, Facebook page & 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 15, 2022.

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 Roberta@CACFayNC.org

Child Advocacy Center is a 501(e)(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.



Benefitting the Child Advocacy Center • Saturday, October 1, 2022 • Cape Fear Botanical Garden

Agreement: Plati	num \$3000 Gold \$	1500Silv	ver \$750	Blue \$500
Name as you want it to app	pear in printed materials			
Contact person name and t	title			
Mailing address				
City	State	Z	<u>Z</u> ip	
Phone	Email			
Alternate contact name				
Phone	Email			
Signature & title of authori	zed representative		Date	
Payment method:				
Check enclosed.				
Invoice me for one paym	nent for total amount OR _	Invoice me for 2 pay	ments, due Au	ıg 1 & Sept. 1, 2022.
Bill Credit Card. (Please	complete additional infor	mation below.)		
Please bill my credit card fo	or my chosen level:\$:	3,000\$1,500	\$750\$	500
Credit Card Number:				
Payment Type:Visa _	MasterCard Expi	ration Date:/_ m m / y		2
Name on Card:				
Billing Address :				
City:	State	<u>:</u>	Zip:	
Signature:				

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