



*Fourth Annual Show  
to Benefit the  
Child Advocacy Center*

**Saturday, April 9, 2022**

***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 Jan. 31, 2022.)
- ❖ Opportunity to provide company promo items for event

**\*Printing deadlines vary; receipt of agreement form by Jan. 31, 2022 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](mailto:roberta@CACFayNC.org)**

**[www.CACFayNC.org](http://www.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

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Name as you want it to appear in printed materials

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Contact person name

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Mailing address

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City

State

Zip

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Phone

Email

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Signature

Date

***Payment method:***

☐ Check enclosed.

☐ Invoice me for one payment for total amount OR ☐ Invoice me for two payments, due Feb. 1 and Mar. 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: \_\_\_\_/\_\_\_\_  
mm / yy

Name on Card: \_\_\_\_\_

Billing Address Line 1: \_\_\_\_\_

Billing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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[www.cacfaync.org](http://www.cacfaync.org)