

Hope Grows 2018 Sponsorship Form



The Refuge Center
FOR COUNSELING

The Refuge Center for Counseling's sixth annual Hope Grows fundraising dinner will be held Tuesday, October 23, 2018 at The Factory at Franklin's Jamison Hall.

Name/Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Yes, we will serve as a sponsor for The Refuge Center for Counseling's sixth annual fundraising dinner, Hope Grows.
(select sponsorship level below)

	Legacy Partner <input type="checkbox"/>	Hope Partner <input type="checkbox"/>	Wisdom Partner <input type="checkbox"/>	Courage Partner <input type="checkbox"/>	Program Sponsor <input type="checkbox"/>
	\$15,000	\$10,000	\$5,000	\$2,500	\$1,000
Opportunity for company representative to participate in opening remarks at event.	✓	-	-	-	-
Company name prominently featured in event press releases	✓	✓	-	-	-
Opportunity to have a Refuge Center Community Mental Health Education presentation at your company	✓	✓	-	-	-
Prominent name/logo placement on event-day signage	✓	✓	✓	-	✓
Company name and/or logo prominently featured on event invitation	✓	✓	✓	✓	-
Name/logo placement on pre-event signage and marketing materials	✓	✓	✓	✓	-
Recognition on The Refuge Center for Counseling's website with link to company's website (visible for a minimum of one year)	✓	✓	✓	✓	-
Recognition in The Refuge Center for Counseling's e-newsletter	✓	✓	✓	✓	-
Recognition in The Refuge Center for Counseling's 2018 Impact Report	✓	✓	✓	✓	✓
Company mentions on The Refuge Center's Facebook, Twitter, and Instagram pages (the number of mentions is the minimum and may exceed the amount listed)	Four	Three	Two	One	One
Event tickets	Ten (table)	Six	Four	Two	N/A

(continued on back)

Hope Grows 2018 Sponsorship Form



Please send logos/artwork to Amy Cochran at amy.cochran@therefugecenter.org. In order to ensure recognition on our event marketing materials, **please submit this form by August 15, 2018.**

Method of Payment

- Invoice me** for payment at a later date
- Check** enclosed payable to *The Refuge Center for Counseling*
- Credit Card** VISA MasterCard American Express

Name on Card: _____

Card #: _____

CVV# _____

Exp. Date: _____

Signature: _____

The Refuge Center for Counseling
Attn: Amy Cochran
103 Forrest Crossing Blvd., Suite 102
Franklin, TN 37064

For more information, contact Amy Cochran at (615) 739-1131 or visit www.therefugecenter.org

Notes: