



# LARCHMONT FRIENDS OF THE FAMILY FALL SOIRÉE

## *Sponsorship Levels (circle one)*

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### TITLE SPONSOR

\$5,500

- Special recognition in event video and recognition and description of your organization at podium
- Preferred logo placement on all event communications and event materials
- 5 Tickets to event (optional)
- Company name/logo on website for 1 year (with link to company page)
- Social media recognition (Facebook and all other promotional media/e-mails)
- Logo/Signage at event photo backdrop
- Recognition in event program
- Recognition in annual report

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### ADVOCATE

\$4,000

- Preferred logo placement on all event communications and event materials
- Inclusion in press releases
- 4 Tickets to event (optional)
- Company name/logo on website for 1 year (with link to company page)
- Social media recognition (Facebook and all other promotional media/e-mails)
- Logo/Signage at event photo backdrop
- Recognition in event program
- Recognition in annual report

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### PARTNER

\$2,500

- Inclusion in press releases
- 2 Tickets to event (optional)
- Company name/logo on website for 1 year (with link to company page)
- Social media recognition (Facebook and all other promotional media/e-mails)
- Logo/Signage at event photo backdrop
- Recognition in event program
- Recognition in annual report

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### SUPPORTER

\$1,000

- Company name/logo on website for 1 year (with link to company page)
- Social media recognition (Facebook and all other promotional media/e-mails)
- Recognition in event program
- Recognition in annual report

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### FRIEND

\$750

- Recognition in event program
- Recognition in annual report
- Company name/logo on website for 1 year (with link to company page)

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### NEIGHBOR

\$500

- Recognition in annual report
- Company name/logo on website for 1 year (with link to company page)

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### OTHER AMOUNT

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## SPONSORSHIP FORM

We hope community businesses will consider partnering with us for this special event.

### GIVE THANKS & GIVE BACK

Company/Organization/Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

City/Address/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Please make checks payable to  
Larchmont Friends of the Family and mail to*

LARCHMONT FRIENDS OF THE FAMILY  
P.O. BOX 746  
LARCHMONT, NY 10538

*Please e-mail a high resolution copy of your company logo  
to [larchmontfof@gmail.com](mailto:larchmontfof@gmail.com)*

