



# Sponsorship Packages

Saturday, May 16, 2020

Hayes Grand Ballroom

Renaissance Columbus Downtown

Sponsorship Package Features	Feature Sponsor	Partner of the Center	Friend of the Center	Game Chip Sponsor	Game Table Sponsor	Center Supporter
Premiere Table Seating Tickets	10	10	6	2	2	4
Custom Branding Opportunity at Event	♠					
Logo Displayed on Sponsor Signage at Event	♠	♠				
Recognition on Social Media	♠	♠	♠			
Recognition on Printed Invitation	♠	♠	♠			
Logo printed on Game Chips				♠		
Logo Printed on Felt of Game Table					♠	
Recognition on E-vite & E-communications	♠	♠	♠	♠	♠	♠
Logo Recognition on Event Website	♠	♠	♠	♠	♠	♠
Recognition in Guest Gift Bag	♠	♠	♠	♠	♠	♠
<b>Sponsorship Price</b>	<b>\$10,000</b>	<b>\$8,500</b>	<b>\$5,000</b>	<b>\$4,500</b>	<b>\$4,500</b>	<b>\$3,500</b>



# Sponsorship Form

Saturday, May 16, 2020  
Hayes Grand Ballroom  
Renaissance Columbus Downtown

## MERRY GO ROUND GALA LEVELS:

- \$10,000 **Feature Sponsor**
- \$8,500 **Partner of The Center**
- \$5,000 **Friend of The Center**
- \$4,500 **Game Chip Sponsor**
- \$4,500 **Game Table Sponsor**
- \$3,500 **Center Supporter**

## CONTACT, COMPANY AND SOCIAL MEDIA INFORMATION:

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name (as you would like recognized): \_\_\_\_\_

Address: \_\_\_\_\_

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

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_ Instagram: \_\_\_\_\_

## SEATING PREFERENCES:

*Please print the names of those with whom you would like to be seated and if purchasing a table, each guest's meal selection.*

_____	<input type="checkbox"/> C <input type="checkbox"/> V	_____	<input type="checkbox"/> C <input type="checkbox"/> V
_____	<input type="checkbox"/> C <input type="checkbox"/> V	_____	<input type="checkbox"/> C <input type="checkbox"/> V
_____	<input type="checkbox"/> C <input type="checkbox"/> V	_____	<input type="checkbox"/> C <input type="checkbox"/> V
_____	<input type="checkbox"/> C <input type="checkbox"/> V	_____	<input type="checkbox"/> C <input type="checkbox"/> V
_____	<input type="checkbox"/> C <input type="checkbox"/> V	_____	<input type="checkbox"/> C <input type="checkbox"/> V

## PAYMENT METHOD:

**Check**

Please mail completed form with your sponsorship check.

**Invoice**

Please email or mail completed form to The Center and we will invoice you for your chosen sponsorship level at the address you provide.

This form can be filled out electronically and returned to [MGR.Sponsorship@childhoodleague.org](mailto:MGR.Sponsorship@childhoodleague.org) OR it can be printed and mailed to The Childhood League Center at 674 Cleveland Avenue, Columbus, OH 43215.