

AN EVENING OF
HOPE & LIGHT



Saturday, September 12, 2020 · Sherwood Country Club
We are pleased to participate in the Hope & Light Community Benefit Event!

Name of sponsor as it should appear on event materials: _____

Sponsor Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Sponsor Contact E-mail: _____ PR Contact E-mail: _____

All Net Proceeds to Benefit Interface Children & Family Services · www.icfs.org
For Your Tax Purposes: Interface Children & Family Services Federal Tax ID #: 95-2944459 ·
Further documentation available upon request.

- | | |
|--|--|
| <input type="checkbox"/> Presenting Sponsor (1): \$25,000 | <input type="checkbox"/> Performance Sponsor (1): \$5,000 |
| <input type="checkbox"/> Signature Sponsor (1): \$15,000 | <input type="checkbox"/> Auto Sponsor (1): \$5,000 |
| <input type="checkbox"/> Paddle Raise Sponsor (1): \$10,000 | <input type="checkbox"/> Live Auction Sponsor (1): \$5,000 |
| <input type="checkbox"/> Special Guest Table Sponsor (1): \$10,000 | <input type="checkbox"/> Art Sponsor (1): \$5,000 |
| <input type="checkbox"/> Luxe Sponsor : \$10,000 | <input type="checkbox"/> Ruby Sponsor : \$3,500 |
| <input type="checkbox"/> Platinum Sponsor : \$7,500 | <input type="checkbox"/> Champagne Sponsor (1): \$3,500 |
| <input type="checkbox"/> Diamond Sponsor : \$5,000 | <input type="checkbox"/> Silent Auction Sponsor (1): \$3,500 |
| <input type="checkbox"/> Cocktail Hour Sponsor (1): \$5,000 | <input type="checkbox"/> Dessert Sponsor (1): \$3,500 |
| <input type="checkbox"/> Entertainment Sponsor (1): \$5,000 | <input type="checkbox"/> Raffle Sponsor (1): \$3,500 |
| <input type="checkbox"/> After Party Sponsor (1): \$5,000 | <input type="checkbox"/> Gold Sponsor: \$2,500 |

Payment Method: Cash/Check (Please make checks payable to Interface Children & Family Services)

Credit Card Type: VISA Mastercard AMEX

Credit Card # _____ V-code _____ Exp _____ / _____ Zip
Code _____

Cardholder Signature: _____

- * Please confirm guest names by 8/12/20 to secure seats. Unused seats will be forfeited.
- * The Save-The-Date will go out in February, websites are scheduled to launch in March and the invitations will go out in July. The earlier a sponsorship is secured the more exposure a sponsor will receive via digital attendee communications. Onsite marketing materials will likely include but are not limited to: Welcome Board at Registration, Cocktail Hour/Auction Signage, Printed Sponsor Thank You at each attendee seat & Sponsor Thank You on the big screen.
- * Digital Materials will likely include but are not limited to: Save-The-Date, electronic invitation, event registration website, www.icfs.org website, 3-5 pre-event attendee communications, and post-event attendee communication.

PLEASE REMIT FORM TO: INTERFACE CHILDREN & FAMILY SERVICES, ATTN: Catherine Kort
4001 Mission Oaks Blvd, Suite I · Camarillo, CA 93012-5121 · 805.485.6114 , Ext. 641

AN EVENING OF
HOPE & LIGHT

Saturday, September 12, 2020 · Sherwood Country Club



We are pleased to donate an item for the Hope & Light Community Benefit!

Name of donor as it should appear on event materials *: _____

Contact Name: _____

Mailing Address *: _____

City*: _____ State*: _____ Zip Code*: _____ Phone*: _____

Sponsor Contact E-mail*: _____

Website: _____

ITEM INFORMATION

Item Requested by (event volunteer or committee member): _____

Description of Auction Item(s): _____

Expiration date, restrictions or limitations of donation (If none, please write "No Restrictions")*: _____

Donor Stated Value*: \$ _____ Suggested Starting Bid Amount: \$ _____

Please check the appropriate delivery method:

The item is included with this form The item will be delivered to Interface by (date): _____

Please contact me to arrange a pick-up Please create a certificate for my donation

*Required Information

We kindly ask that all donation forms and items are received by Friday, August 21, 2020

Interface Children & Family Services is a 501(c)(3) non-profit organization (Tax ID: #95-2944459). Your contribution is fully tax-deductible to the extent that no goods or services were provided to you in exchange. Interface reserves the right to package items together as deemed appropriate or to transfer items to other events within the organization to better maximize the donor's contribution.



PLEASE REMIT FORMS TO:
INTERFACE CHILDREN & FAMILY SERVICES / ATTN: CATHERINE KORT
4001 Mission Oaks Blvd, Suite I · Camarillo, CA 93012-5121 · 805.485.6114, Ext. 641
or E-mail completed forms to: ckort@icfs.org