# Council on Adolescents

13TH ANNUAL



# PARTNERSHIP OPPORTUNITIES

SATURDAY, NOVEMBER 15<sup>TH</sup>, 2025



### **Event Sponsorship Form**

| Company   Org | ganization:      |                 |                    |  |
|---------------|------------------|-----------------|--------------------|--|
| Contact Name  | :                |                 |                    |  |
| Name (as you  | would like to be | listed on all s | ponsor materials): |  |
| Address:      |                  |                 |                    |  |
| City:         | State:           | Zip:            | Phone:             |  |
| Email:        |                  | Web             | site:              |  |

#### Please select one of the following:

# \_Beverage Sponsor-\$1,500

- One reserved table for six (6 event tickets)
- Name/logo on event signage & e-communications
- Name/logo prominently placed for recognition at the bar
- Four (4) business advertisements on COA social media and monthly newsletter
- Level exclusivity: only one Beverage Sponsor available

## \_\_*Empowerment level-* \$1,000

- One reserved table for six (6 event tickets)
- Name/logo on event signage & e-communications
- Four (4) business advertisements on COA social media and monthly newsletter

## \_\_Educator level-\$750

- One reserved table for four (4 event tickets)
- Name/logo on event signage & e-communications
- Three (3) business advertisements on COA social media and monthly newsletter

## \_Mentor level-\$500

- One reserved table for two (2 event tickets)
- Name/logo on event signage
- Two (2) business advertisements on COA social media and monthly newsletter

# \_Bead Game Sponsor-\$250

- Name/logo on event signage
- Name/logo prominently placed for recognition at the Bead Game table
- Two (2) business advertisements on COA social media and monthly newsletter
- Level exclusivity: only one Bead Game Sponsor available

| Payment Method (Please check one)                          |        |                           |  |  |  |  |  |
|--|--------|---------------------------|--|--|--|--|--|
| Cash   | Check# | Please send me an invoice |  |  |  |  |  |
| **Please make checks payable to the Council on Adolescents |        |                           |  |  |  |  |  |

Sponsorship Form must be received by <u>September 30th</u> to be included in print materials! Mail or Email this form to: Council on Adolescents of Catawba County ■ Attn: Jordan Ledford 1120 Fairgrove Church Road SE, Suite 22 ■ Hickory, NC 28602 ■ JLedford@coacatawba.org

Council on Adolescents is a non-profit 501(c)(3) organization. Contributions are tax-deductible to the extent allowed by law.





#### Silent Auction Commitment Form

| Company  Organization:  |        |  |  |  |  |
|---|--------|--|--|--|--|
| Contact Name:   |        |  |  |  |  |
| Email Address:  |        |  |  |  |  |
| Billing Address:  |        |  |  |  |  |
| City:   | State: |  |  |  |  |
|   |        |  |  |  |  |
| Website:  |        |  |  |  |  |
| Donation Information  |        |  |  |  |  |
| Item(s) Donated:  |        |  |  |  |  |
| Value of Item(s): _\$   |        |  |  |  |  |
| Item Description:   |        |  |  |  |  |
|   |        |  |  |  |  |
| Please list any conditions associated with your donation (expiration or blackout dates, restrictions, etc.) *We respectfully ask for the expiration date to be <b>one year</b> from the date of the event, November 1, 2026 and that each donation is at least worth \$20 * |        |  |  |  |  |
|   |        |  |  |  |  |

#### Please include a copy of this form when submitting your silent auction item!

Mail or Email this form to: Council on Adolescents of Catawba County ■ Attn: Jordan Ledford 1120 Fairgrove Church Road SE, Suite 22 ■ Hickory, NC 28602 ■ JLedford@coacatawba.org

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