WOMEN IN LONGVIEW DAY

Sponsor/Scholarship Contract - 2023

| Contact person | | Name to be listed in program | | | | | | |
|---|--|------------------------------|-----------------------------------|----------------------------------|----------------------------------|-----------------|--|--|
| Address City, | | tate | | | Zip | Zip code | | |
| Telephone | | mail | | | (print clearly) | | | |
| Signed | | Date | | | | | | |
| Sponsor | Opportunities - Please indicate the Spe | onsor Lev | el of yo | ur choic | e: | | | |
| | SPONSOR LEVELS OF RECOGNITION | Platinum \$2500 | Gold \$1000 - \$2499 | Silver \$500- \$999 | Bronze \$250- \$499 | Friend \$100 | | |
| | | | | | | | | |
| | Company's name/logo recognition on event signage, printed materials, print & electronic media. | | | | | | | |
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| | Company name recognition on event signage, printed materials, print & electronic media. | | | | | | | |
| | Recognition at Awards Ceremony | | | | | | | |
| | Free Exhibit Booth | Yes* | Yes* | Yes* | No | No | | |
| | # of tickets | 8 | 4 | 2 | 1 | 0 | | |
| *If a vendor booth is requested, please complete and return the WILD Vendor Application as found on the website: womeninlongview.org (first come, first served) | | | | | | | | |
| | | | | | | | | |
| Scholarship Opportunities If you would like to donate toward a scholarship, please complete the information below: | | | | | | | | |
| Name of Scholarship: | | | | | | | | |
| Name to be listed in program: | | | | | | | | |
| (Minimum scholarship donation of \$1,000) | | | | | | | | |
| LOGO: In order to receive desired recognition, please email a high-resolution logo in full-color JPG format no later | | | | | | | | |
| than March 8, 2023 to: womeninlongviewday@gmail.com or cmgates53@gmail.com. | | | | | | | | |
| | <u>Table R</u> | <u>Reservation</u> | <u>18</u> | | | | | |
| Reserved tables are available of a first come, first served basis. Each reserved table seats eight persons, and is available for \$216.00. | | | | | | | | |
| Sponsor amount: \$ Scholarship amount \$ Reserved table amount \$ | | | | | | | | |
| Please return this form with payment no later than March 8, 2023 to: Women In Longview • PO Box 161, Longview, TX 75606 | | | | | | | | |
| Payment Options (please check one): | | | | | | | | |
| Check Invoice (\$) Credit Card (please pay online www.womeninlongview.org) | | | | | | | | |

Additional questions should be directed to: