

# Wednesday, October 16, 2024, 6 - 9 PM

At the Comedy @ the Carlson

All proceeds will benefit Starbridge to support children and adults who have disabilities.

## **2024 Sponsorship Opportunities**

## Visionary Sponsor —\$5,000

- 12 guests with VIP Reception with honorees and performers from 5:30-6:30 pm
- Logo on promotion materials
- Recognition during formal program
- Full size ad in virtual program
- 2-hours of customized consulting or training related to disability inclusion

## Innovation Sponsor —\$1,500

- ♦ 8 guests
- ◆ 1/2 size ad in virtual program
- 2-hours of customized consulting or training related to disability inclusion

#### Pacesetter Sponsor—\$550

- ♦ 4 guests
- ♦ 1/8 size ad in virtual program
- 2-hours of customized consulting or training related to disability inclusion

### Empowerment Sponsor —\$2,750

- 10 guests with VIP Reception with honorees and performers from 5:30-6:30 pm
- Name on promotional materials
- Recognition during formal program
- ♦ 3/4 size ad in virtual program
- 2-hours of customized consulting or training related to disability inclusion

#### Trendsetter Sponsor —\$1,000

- ♦ 6 guests
- ♦ 1/4 size ad in virtual program
- 2-hours of customized consulting or training related to disability inclusion

## Patron-\$325

- ♦ 2 guests
- Name in program



# **Event is Open Seating!**

All sponsors will be acknowledged on the Starbridge website, on social media, and in our Champions Newsletter.





## **2024 Sponsor Commitment Form**

Company:			
Contact Person:			
City:		State:	Zip:
Phone:	E-mail:		

#### PLEASE SELECT SPONSORSHIP LEVEL

🗆 V	isionary	\$5 <i>,</i> 000
-----	----------	------------------

□ Empowerment \$2,750

□ Innovation \$1,500

□ Trendsetter \$1000

□ Pacesetter \$500

□ Patron \$300

Full Size Ad— 13" w by 7" h 3/4 Size Ad — 9.75" w by 7" h 1/2 Size Ad — 6.5" w by 7" h 1/4 Size Ad — 6.5" w by 3.5" h 1/8 Size Ad — 3.25" w by 3.5" h Name on virtual program

All Ads should be in Full Color, PDF or JPEG format and received by October 4th.

#### **PAYMENT METHOD**

□ We agree to be invoiced and to provide our financial support no later than **September 30, 2024**.

□ Our check made payable to Starbridge is enclosed.

Please charge my credit card:	🗆 Visa	□ MasterCard		
Cardholder Name				
Credit Card Number		Exp Date	CVV	
Billing Zip Code Signa	ture		Date	

Please fax completed form to (585)224-7194, email to events@Starbridgeinc.org, or mail to: Starbridge, Attn: Philanthropy, 1650 South Avenue, Suite 200, Rochester, New York 14620

Please call (585) 224-7247 if you have any questions or would like more information.