



ABILITIES FIRST COMMUNITY PARTNERS BREAKFAST

SPONSORSHIP OPPORTUNITIES

| | EVENT HOST | TABLE HOST | AWARD SPONSOR | COMMUNITY PARTNER | FRIEND OF AF | ADVOCATE | VIRTUAL JOURNAL |
|--|------------|------------|---------------|-------------------|--------------|-----------|-----------------|
| COMMITMENT | \$5,000 | \$2,500 | \$2,000 | \$1,500 | \$1,000 | \$500 | \$250 |
| Available opportunities | 1 | Unlimited | 2 | Unlimited | Unlimited | Unlimited | Unlimited |
| Tickets | 20 | 10 | 6 | 4 | 2 | 2 | |
| Welcome reception host | ✓ | | | | | | |
| Logo & listing online (30 days before event) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Table signage | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Recognition during presentations | ✓ | ✓ | ✓ | | | | |
| Logo & listing in AF event promotional efforts & venue space | ✓ | ✓ | | | | | |
| Featured press release | ✓ | | | | | | |
| Premier online signage | ✓ | | | | | | |

TO SECURE YOUR SPONSORSHIP, PLEASE EMAIL JOANNPARKER@ABILITIESFIRSTNY.ORG.

Contact Name: _____ Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

 Yes, I'd like to be an Event Sponsor! Commitment Level: _____ Amount: \$ _____ Yes, I'd like to secure Event Tickets! # of tickets (\$75 for 1 / \$125 for 2): _____ Amount: \$ _____ I am unable to attend, please donate my ticket(s) to a program participant or staff to attend in my honor. I cannot attend, please accept my donation. Amount: \$ _____ I prefer to remain anonymous.**TOTAL: \$** _____ Check payable to Foundation for Abilities First NY is enclosed.**For person-to-person payment: Call 845.485.9803 x9394,
or email teresawalsh@abilitiesfirstny.org.**Charge my:   

Credit Card #: _____ Exp. Date: _____

Cardholder's Name: _____ Sec. Code: _____

Authorized Signature: _____