



Please join us for LWC's largest fundraiser, where we'll enjoy an enchanted evening under the stars with fantastic entertainment, delectable light bites, libations, and a live and silent auction featuring unique experiences and an array of amazing items.

Transgender youth face challenges at home and in school and are truly in need of support and resources. This group has an attempted suicide rate of 9 times the national average. The LWC Center at Children's Hospital is a lifeline for transgender youth and their families, serving more than 1,400 patients. But with a growing waiting list, it can only continue expanding with the support of donors like you.

This year, we are expanding the opportunity to get involved! If you return your sponsorship form by April 15<sup>th</sup>, you will have the opportunity to be a part of the LWC float during the Cincinnati Pride Parade on June 24<sup>th</sup>. This experience includes having your logo on the LWC float and t-shirt, the option to walk in the parade, and the ability to hand out LWC swag to parade attendees.

We appreciate all support and guarantee that 100% of the money raised goes directly to the cause. We hope that you will consider sponsoring our event this year and have enclosed detailed information for your review. Do not hesitate to reach out if you have any questions. To ensure your recognition on the official invitation please return your sponsorship form by August 1st.

We look forward to hearing from you, and we are incredibly grateful to have allies like you who believe in and support our mission to make this a more inclusive world for everyone! Thank you for your consideration and we are excited for September!

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With gratitude,





SPONSORSHIP AGRE	EEMENI			
□ YES, I would like to sup	port the Living With Cha	nge Kicks for C.A.R.E.S. Gala		
□ Not this year, but would	like to offer a one-time of	donation of \$		
SPONSORSHIP LEVE	LS (All Sponsorship	s are tax-deductible)		
□ Champion: \$20,000	ion: \$20,000		□ Supporter: \$2500	
ORGANIZATION INFO	RMATION			
Name of Organization				
Address				
		State	Zip Code	
CONTACT INFORMAT	TION			
Name				
Title		Phone Number		
Email				
Please list how you would	l like to be recognized in	printed materials:		
Do you currently plan on ι	using all tickets included	in your sponsorship level? • Yes	s □ No	
If not, how many tickets d	o you plan on using?			
Do you or your guests have	ve any special dietary or	accessibility needs? • Yes	□ No	
If so, please list them here	e:			
May we take photos of yo	u and your guests for po	tential future promotional use? □	Yes □ No	
PAYMENT METHOD				
We accept checks payabl	e to Living With Change	and credit card payments		
□ Check enclosed				
□ Please invoice me in the	e amount of: \$			
□ Please charge my credi	t card in the amount of: \$	<u> </u>		
Name on card:		Card Number:		
			Security Code:	
0:				

Thank you for supporting the Kicks for C.A.R.E.S. Gala!

Please remit payment to: Living With Change, PO Box 43210 Cincinnati, OH 45243

For more information call 859.512.3182 or email lwcgala@livingwithchange.org







Sponsorship Opportunities	<b>CHAMPION</b> \$20,000	<b>ADVOCATE</b> \$10,000	<b>PROPONENT</b> \$5,000	\$UPPORTER \$2,500
Presenting Sponsor Status – Recognition as Presenting Sponsor on all event materials				
Special recognition at event, including logo prominently displayed and verbal recognition the night of the event				
Opportunity to share marketing materials with guests at event				
Recognition on LWC social media				
Tickets to the event	12	8	6	4
Logo and/or name recognition on all gala materials including invitation, event advertising, event program, event signage, & LWC Newsletter				
Logo and website link posted on LWC website through September 2024				
Recognition in all post-event print and electronic publicity				