

# KICKS *for* C.A.R.E.S.

## SPONSORSHIP AGREEMENT

- ☐ YES, I would like to support the Living With Change Kicks for C.A.R.E.S. Gala
- ☐ Not this year, but would like to offer a one-time donation of \$ \_\_\_\_\_

## SPONSORSHIP LEVELS (All Sponsorships are tax-deductible)

- ☐ Champion: \$20,000      ☐ Advocate: \$10,000      ☐ Proponent: \$5000      ☐ Supporter: \$2500

## ORGANIZATION INFORMATION

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CONTACT INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please list how you would like to be recognized in printed materials:

Do you currently plan on using all tickets included in your sponsorship level? ☐ Yes ☐ No

If not, how many tickets do you plan on using?

Do you or your guests have any special dietary or accessibility needs? ☐ Yes ☐ No

If so, please list them here: \_\_\_\_\_

May we take photos of you and your guests for potential future promotional use? ☐ Yes ☐ No

## PAYMENT METHOD

We accept checks payable to Living With Change and credit card payments

- ☐ Check enclosed
- ☐ Please invoice me in the amount of: \$ \_\_\_\_\_
- ☐ Please charge my credit card in the amount of: \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Amount to charge: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_

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](mailto:lwcgala@livingwithchange.org)



For additional information, please email us at [lwcgala@lwc.org](mailto:lwcgala@lwc.org)