



**SAVE THE DATE • THURSDAY, OCTOBER 12, 2023**

Online purchase available at [www.NewHopeEquine.com](http://www.NewHopeEquine.com)

## UNDERWRITING CONTRACT

### EXCLUSIVE NAMING OPPORTUNITIES

Logo and/or listing recognition will be given in your selected exclusive naming opportunity on print materials, advertisements and in media releases. Only 1 sponsorship is available for each naming opportunity.

**\$10,000**

**PRESENTING SPONSOR**

- Brand recognition as Presenting Sponsor
- One VIP table of 10 with platinum seating
- 10 invitations to VIP Reception

**\$7,500**

**VIP RECEPTION SPONSOR**

- One VIP table of 10 with platinum seating
- 10 invitations to VIP Reception

**\$5,000**

**AUCTION SPONSOR**

~~INVITATION SPONSOR~~ **SOLD!**

**VALET SPONSOR**

~~BAR SPONSOR~~ **SOLD!**

Each naming opportunity includes:

- One table of 10 with premium seating
- 10 invitations to VIP Reception
- Brand recognition and benefits given at the chosen level

**\$3,500**

**ENTERTAINMENT SPONSOR**

**SIGNAGE SPONSOR**

**PHOTO BOOTH**

**PADDLE RAISE**

Each naming opportunity includes:

- One table of 10 with priority seating
- Brand recognition and benefits given at the chosen level

### UNDERWRITING

Logo and/or listing recognition on print materials, advertisements and in media releases. Dutch-treat or shared sponsorships must be submitted together.

**\$5,000 • SILVER LASSO SPONSOR**

- One table of 10 with premium seating
- 10 invitations to VIP Reception

**\$3,500 • BRONZE LASSO SPONSOR**

- One table of 10 with priority seating

### TABLES & TICKETS

Dutch-treat tables must be submitted together.

**\$1,750 • SADDLE UP TABLE OF 10**

- One table of 10

**\$300 • PARTNER TICKETS**

- Two tickets to the event

**\$175 • INDIVIDUAL TICKET (QTY: \_\_\_\_)**

- One ticket to the event



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### UNDERWRITING CONTRACT

Contracts must be received on or before **Friday, August 18, 2023 to be listed on printed invitation** and **Thursday, September 28, 2023 to be listed on night-of event materials**. Contracts received after these dates may not receive recognition, but will be recognized at the event.

Please keep a copy for your records, and return original to:

**New Hope Equine Assisted Therapy**  
6151 FM 1830  
Argyle, TX 76226  
[skershen@newhopeequine.com](mailto:skershen@newhopeequine.com)

#### SPONSOR INFORMATION

Name/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name (if different from sponsor name above) \_\_\_\_\_

Office/Mobile Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email\* \_\_\_\_\_

#### PLEASE INDICATE YOUR PREFERENCE FOR PUBLICITY:

Name to be used for all printed materials: \_\_\_\_\_

I/We prefer to be listed as Anonymous.

#### PAYMENT INFORMATION

I am unable to attend, but would like to make a tax-deductible donation in the amount of \$ \_\_\_\_\_.

My company has a matching gifts program. Company name: \_\_\_\_\_

My check payable to **NEW HOPE** in the amount of \$ \_\_\_\_\_ is enclosed.

Please invoice me. Payable no later than September 28, 2023.

Charge\* \$ \_\_\_\_\_ to my (please circle):    MasterCard    Visa    American Express    Discover

I would like to cover the 3.5% credit card processing fee.

Name on card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Tax receipts will be emailed to the email address provided for donors making credit card payments. Please ensure that your email is clearly printed.*