



SAVE THE DATE • FRIDAY, OCTOBER 25, 2024

Online purchase available at 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. Sponsor also receives social media recognition.

\$10,000

PRESENTING SPONSOR

- Brand recognition as Presenting Sponsor
- One VIP table of 10 with platinum seating
- 10 invitations to VIP Reception
- 3'x5' banner with logo displayed at New Hope facility for one year

\$7,500

VIP RECEPTION SPONSOR

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

\$5,000

AUCTION SPONSOR

INVITATION SPONSOR

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 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 at the chosen level

UNDERWRITING

Logo and/or listing recognition on print materials, advertisements and in media releases. Sponsor also receives social media recognition. 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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Contracts must be received on or before **Friday, August 30, 2024** to be listed on printed invitation and **Friday, October 11, 2024** 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
jmorris@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 October 11, 2024.

Charge* \$ _____ to my: 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.*