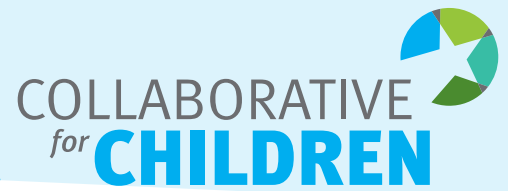


GIVE A CHILD A CHANCE LUNCHEON

benefiting the Circle of Friends Annual Fund



Early learning. Long-term success.

Sponsorship Levels and Benefits

PRESIDENT'S CIRCLE: \$25,000

- Two tables for 12
- Invitation to CEO reception for host(s) and table guests
- Invitation to tour child care facility
- Logo and name recognition on all event digital and print materials

INFLUENCER: \$15,000

- Two tables for 10
- Invitation to CEO reception for host(s) and table guests
- Logo and name recognition on all event digital and print materials

LEADER: \$10,000

- Table for 10
- Invitation to CEO reception for table host(s)
- Logo and name recognition on all event digital and print materials

FRIEND: \$5,000

- Table for 10
- Name recognition on all event digital materials

PARTNER: \$2,500

- Five individual tickets with prime seating
- Name recognition at event

ASSOCIATE: \$1,000

- Two individual tickets with preferred seating
- Name recognition at event

INDIVIDUAL TICKETS

- \$250: Priority seating
- \$100: General seating



Please sign, retain a copy and mail the original to Collaborative for Children, Attn: Fund Development, 1111 North Loop West, Ste. 600, Houston, TX 77008 or email to crivers@collabforchildren.org.

This form also is available online at collabforchildren.org/luncheon.

PRINT name legibly and exactly as it should appear in all printed materials.

Company and/or Individual Name: _____

Contact Name: _____

Billing Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

We DO NOT wish to be listed on any printed materials.

PAYMENT INFORMATION

\$25,000 \$15,000 \$10,000 \$5,000 \$2,500 \$1,000 \$250 x _____ \$100 x _____

I am unable to attend, but wish to make a donation of \$ _____.

Enclosed is a check of \$ _____ made payable to **Collaborative for Children**.

Please charge my credit card in the amount of \$ _____.

Type of Card: _____

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

GUEST NAME(S)

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

If you have any questions or for more information, contact **Chrystal Rivers**, annual fund manager, at **713.600.1204**.

Your gifts will be used to Give A Child A Chance, furthering the ongoing needs of Collaborative for Children's mission. The Fair Market Value of your donation is \$30, leaving the balance tax-deductible as allowed by law.