



MONDAY, OCTOBER 21, 2024

40th ANNUAL BREAKFAST

Individual, Company or Foundation Name _____

I do not wish to be recognized in print or media

Contact Name _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Cell _____ Email _____

Sponsorship Levels

Presenting Sponsor (\$20,000)

- Preferential seating for 10
- Company branding on marketing and professional material
- Company branding on CARE website with link
- Company branding on CARE social media
- Podium signage
- Signage at Community Education Forums
- Recognition at the Breakfast
- Opportunity to address audience at Breakfast

Gratitude (\$10,000)

- Premier seating for 10
- Company branding on CARE website with link
- Company branding on CARE social media
- Recognition at the Breakfast

Courage (\$5,000)

- Table for 10
- Company branding on CARE social media
- Recognition at the Breakfast

Perseverance (\$2,500)

- Table for 10
- Recognition at the Breakfast

Donation

I am unable to attend, but would like to donate to support the mission of CARE \$ _____

Method of Payment

Enclosed is my check payable to CARE in the amount of \$ _____

Please charge my contribution of \$ _____

Mastercard VISA Discover Amex

Name on Card _____

Billing Address _____

Card # _____

Exp. Date _____ Security Code _____

CARE Dallas is a 501(c)(3) organization and a tax-deductible contribution acknowledgement will be mailed to you.

I (we) decline all benefits.

This gift is in Memory / in Honor of

Register Online: www.care-dallas.org/care-breakfast