Festival of Trees

Domestic Violence Association of Central Kansas Sponsorship/Donation Agreement

We are requesting your support of our organization and fundraiser, The Festival of Trees (FOT). Your company logo will be included on all posters and advertisements for the event.

This agreement lists several ways you can support DVACK:

Sponsorship: Sponsors allow DVACK/FOT to use and display trademarks associated with the company or product. Trademarks or name will be used solely for the promotional advertising, radio commercials and recognition at the event.

Trademarks or nar	ne will be us	sed solely for the	promotional adv	vertising, rad	io comme	ercials and recognition at the event.	
Sponsorship Leve	Platinum \$5,000 This level provides sponsor with 8 FOT event tickets and 8 raffle tickets. Gold \$2,500 This level provides sponsor with 6 FOT event tickets and 6 raffle tickets. Silver \$1,000 This level provides sponsor with 4 FOT event tickets and 4 raffle tickets.						
	Platit		nsors will be include levels will be ackno				
Indicate level of sponation: We will	-	PDF, JPEG or P				VACK and provide electronic logo in l.com	
		9	ertificate, service,	trip, party, etc	e. <i>Provide a</i>	a description of the item donated:	
	Value:						
handle! O Monday, I	rnaments mu November 16	ist be securely faste	ened to tree. Pleas	se provide des	scription of	ted, a smaller diameter is easier to tree to DVACK NO LATER than nursday Nov. 19th between 8am & 7pm.	
	Value:						
Christma	• Wreath: V	Vreath should be 18	8"-36" in diameter	r and may hav	ve light. Pro	ovide a description of size and theme:	
					 Value:		
☐ Ad in Pr	ogram - \$5	6.00 Buy an .	Ad in our event	Program - So	end details	s in PDF, JPEG or PNG format to dvack.fundraiser@gmail.com	
		amount you or yo at the event.				e, wreath, or auction item and our	
☐ Monetai	y Gift:		Amour	nt:			
Indicate the o	lonation cate	gory (above), comp	olete below, sign, c	late, and retu	rn white co	py of this agreement to DVACK.	
Name:			Company/Organization:				
Address:			City:		State, Zip:		
E-Mail:			Phone:			Cell:	
Signature:						Date:	
Payment Method (Ci	rcle):	Cash	Check	Visa/Maste	erCard	Invoice	

Please contact the DVACK office for questions: 785-827-5862. Forms to be mailed to: DVACK, P.O. Box 1854, Salina, KS 67402