



PRESENTS



COMING OCTOBER 26, 2024

I would like to Sponsor at the following level:				
Great Dane: \$20,000 Rottweiler: 4 VIP Tables (40 guests) 3 VIP Tables	S \$15,000 Greyhound: \$10,000 S (30 guests) 2 VIP Tables (20 guests)			
Golden Retriever: \$5,000 Labrador Retriever: \$2,500 French Bulldog: \$1,500 1 VIP Table (10 guests) 8 tickets at a shared table 6 tickets at a shared table				
Pomeranian: \$1,000 4 tickets at a shared table	Yorkshire Terrier: \$500 2 tickets at a shared table			
Underwriting Sponsorships:				
Catering Sponsor: \$10,000 2 VIP Tables (20 guests) Logo on dinner napkins at buffet	Dessert Sponsor: \$2,500 8 tickets at a shared table Logo on dessert napkins			
Beverage Sponsor: \$5,000 1 VIP Table (10 guests) Logo on cocktail napkins	Auctioneer Sponsor: \$2,500 8 tickets at a shared table Special recognition during Live Auction			
Band Sponsor: \$5,000 1 VIP Table (10 guests) Special signage at stage	Security Sponsor: \$1,000 4 tickets at a shared table Special recognition			
Lighting / AV Sponsor: \$5,000 1 VIP Table (10 guests) Special recognition	MC Sponsor: \$1,000 4 tickets at a shared table Special recognition during presentation			
Media Sponsor: \$5,000 1 VIP Table (10 guests) Special recognition	Invitation Sponsor: \$1,000 4 tickets at a shared table Special recognition on invitations			
Venue Sponsor: \$5,000 1 VIP Table (10 guests) Special recognition	Valet Sponsor: \$1,000 4 tickets at a shared table Special signage at entrance			
Hors d'oeuvres Sponsor: \$2,500 8 tickets at a shared table Logo on appetizer napkins	Photobooth Sponsor: \$500 2 tickets at a shared table Special signage at photobooth			

Sponsorship commitments received by August 1, 2024 will be acknowledged on the invitation.



In lieu of a sponsorship, I would like to:

Purchase individual ti Tickets are \$150 per person	ckets	in the amount of \$	-
Donate an Auction Item Please set expiration date after 10/26/26 Auction Item Value \$		In honor/memory of Person	
Individual or Business Name(s):	DONOR'S NAME AS IT SHOUL	D APPEAR ON ALL PRINTED MATERIALS	
Contact: A	ddress:		
City: S			
Email:	Phone:		
I'm enclosing a check payal	ole to Therapet.	Please charge m	ny credit card.
Name:as it appears on credit card	Card #	t:	
Exp. Date: CSC:	[Billing Zip:	
Charge \$: to my c	ard. Signature	·	
Charge the full amount No	w OR	On/	_/2024 OR
Process my card in paym	ents of \$	each starting on	//2024.

Please return your completed form to Therapet.