



PRESENTS



COMING OCTOBER 26, 2024

I would like to Sponsor at the following level:						
Great Dane: \$20,000 Rottweiler: \$15, 4 VIP Tables (40 guests) 3 VIP Tables (30						
Golden Retriever: \$5,000 Labrador Retriever: \$1 VIP Table (10 guests) 8 tickets at a s						
	<b>forkshire Terrier: \$500</b> It tickets at a shared table					
<b>Underwriting Sponsorships:</b>						
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	Invitation Sponsor: \$1,000 4 tickets at a shared table Special recognition on invitations					
Media Sponsor: \$5,000  1 VIP Table (10 guests) Special recognition	Valet Sponsor: \$1,000 4 tickets at a shared table Special signage at entrance					
Venue Sponsor: \$5,000  1 VIP Table (10 guests) Special recognition	Photobooth Sponsor: \$500 2 tickets at a shared table Special recognition					
Hors d'oeuvres Sponsor: \$2,500 8 tickets at a shared table Logo on appetizer napkins	Game of Chance Sponsor: \$500 2 tickets at a shared table Special recognition					

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



## In lieu of a sponsorship, I would like to:

	Purchase individual tickets  Tickets are \$150 per person		Make a donation to Therapet in the amount of \$			
Donate an Auction Item  Please set expiration date after 10/26/24  Auction Item  Value \$		In honor/memory of:  O Person  O Animal				
Individual or Business Name(s): _	DONOR'S NAME AS IT SHO	ULD APPEAR ON ALL PRIN	FED MATERIALS			
Contact:	Address:				_	
City:	State:		Zip:			
Email:	Phone:					
I'm enclosing a check pay	able to Therape	et Pled	ase charge	my cred	it card.	
Name:as it appears on credit card	Card	#:				
Exp. Date: CS0					_	
Charge \$: to my	card. Signatur	·e:				
Charge the full amount I	Now OR	On	/	/2024	OR	
Process my card in pay	ments of \$	each s	starting on <sub>s</sub>	/	_/2024.	

Please return your completed form to Therapet.