## Sponsorship Benefits

<table>
<thead>
<tr>
<th>Sponsorship Benefits</th>
<th>$50,000</th>
<th>$25,000</th>
<th>$15,000</th>
<th>$10,000</th>
<th>$5,000</th>
<th>$3,500</th>
<th>$2,000</th>
<th>$1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td># Of Virtual Tickets</td>
<td>UNLIMITED</td>
<td>UNLIMITED</td>
<td>UNLIMITED</td>
<td>UNLIMITED</td>
<td>25</td>
<td>20</td>
<td>15</td>
<td>ENOUGH FOR YOUR FAMILY</td>
</tr>
<tr>
<td>Exclusive Live Interactive Session With Angie Thomas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Event Night Package:</td>
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<tr>
<td>Family-friendly discussion questions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Gift from Horizons</td>
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<tr>
<td>Hard copy of program journal</td>
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<tr>
<td>Sponsorship Listing on Website</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ad in Program Journal</td>
<td>FULL-PAGE AD (COVER)</td>
<td>FULL-PAGE AD</td>
<td>HALF-PAGE AD</td>
<td>HALF-PAGE AD</td>
<td>QUARTER-PAGE AD</td>
<td>QUARTER-PAGE AD</td>
<td>SPONSOR LISTING</td>
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</tr>
<tr>
<td>Listing in Horizons' Annual Report</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Recognition During Program</td>
<td>✓</td>
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<tr>
<td>Sponsorship Listing on All Event Materials</td>
<td>✓</td>
<td>✓</td>
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</tr>
</tbody>
</table>

To become a sponsor or for more information please reach out to our events team at events@horizonschildren.org

Horizons for Homeless Children's Virtual Women's Breakfast
(for dinner)
Thursday, October 29
7:00 p.m. - 7:45 p.m.
Horizons for Homeless Children's Virtual Women's Breakfast
(for dinner)
Thursday, October 29
7:00 p.m. - 7:45 p.m.

Sponsor Name: ____________________________________________

Name will appear in event materials as listed above.

Today's Date: _____________________

Sponsor's Address: _____________________

____________________________________

City: _________________________________

State: _______ Zip: ___________

CONTACT INFORMATION

Contact Name: ________________________________

Contact Title: ________________________________

Telephone: ________________________________

Email: ______________________________________

SPONSORSHIP LEVEL

☐ $50,000 ACHIEVING THE IMPOSSIBLE

☐ $25,000 COLORING OUTSIDE THE LINES

☐ $15,000 STRENGTHENING OUR FAMILIES

☐ $10,000 ADVOCATING FOR CHANGE

☐ $5,000 INSPIRING IMAGINATION

☐ $3,500 BUILDING BRIGHT FUTURES

☐ $2,000 TABLE CAPTAINS

☐ $1,000 FAMILY SPONSORSHIP

☐ I have enclosed a check payable to Horizons for Homeless Children.
☐ Please send an invoice.

Please charge my:
☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card Number: ____________________________ Expiration Date: ___________

Name on Card: ____________________________ Billing Zip Code: __________

Horizons for Homeless Children will provide a tax-deductible receipt for your contribution

Please complete this form and return to events@horizonschildren.org, or mail to the address below.

Please do not send credit card information over email.

Horizons for Homeless Children
Attn: Events Team
1705 Columbus Avenue
Roxbury, MA 02119