



**HORIZONS
FOR HOMELESS
CHILDREN®**

22nd Annual Women's Breakfast
Thursday, October 28, 2021
8:00 am - 9:30 am

Hybrid Event: Boston Marriott Copley Place or Virtual
Individual Sponsorship Flyer

SPONSORSHIP

BENEFITS	\$50,000	\$25,000	\$15,000	\$10,000	\$5,000	\$3,500	\$2,000	\$1,000
# OF IN-PERSON TICKETS	2 TABLES (20 TICKETS)	2 TABLES (20 TICKETS)	1.5 TABLES (15 TICKETS)	1 TABLE (10 TICKETS)	1 TABLE (10 TICKETS)	6 TICKETS	4 TICKETS	2 TICKETS
# OF VIRTUAL TICKETS	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	25 TICKETS	20 TICKETS	15 TICKETS
EVENT PACKAGE	✓	✓	✓	✓	✓	✓	✓	✓
INVITE TO HOLIDAYS WITH HORIZONS	✓	✓	✓	✓	✓	✓	✓	✓
TABLE SIGN WITH SPONSOR NAME	✓	✓	✓	✓	✓	✓	✓	
SPONSOR LISTING ON WEBSITE	✓	✓	✓	✓	✓	✓	✓	
AD IN PROGRAM JOURNAL	FULL- PAGE (COVER)	FULL-PAGE	FULL- PAGE	HALF- PAGE	QUARTER-PAGE	SPONSOR LISTING	SPONSOR LISTING	
LISTING IN HORIZONS' ANNUAL REPORT	✓	✓	✓	✓	✓			
RECOGNITION DURING PROGRAM	✓	✓	✓					
SPONSOR LISTING ON ALL ELECTRONIC MATERIALS	✓	✓						

To register your sponsorship or for more information, please reach out to our events team at events@horizonschildren.org

Note: Donor Advised Funds such as Fidelity Charitable Gift Fund, the Boston Foundation, and CJP, have strict rules regarding the receipt of "goods and services" in exchange for sponsorship gifts. Before making your sponsorship gift through such a fund, please speak with your gift advisor or contact our events team.

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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**

\$5,000 **INSPIRING IMAGINATION**

\$25,000 **COLORING OUTSIDE THE LINES**

\$3,500 **BUILDING BRIGHT FUTURES**

\$15,000 **STRENGTHENING OUR FAMILIES**

\$2,000 **TABLE CAPTAIN**

\$10,000 **ADVOCATING FOR CHANGE**

\$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: _____ CVV: _____

Billing Zip Code: _____

Horizons for Homeless Children will provide a receipt of the tax-deductible portion of all donations.

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
1785 Columbus Avenue
Roxbury, MA 02119