

# 24TH ANNUAL WOMEN'S BREAKFAST

Thursday, October 27, 2022

8:00 a.m. - 9:30 a.m.

Boston Marriott Copley Place



**HORIZONS  
FOR HOMELESS  
CHILDREN®**

## Individual Sponsorship Flyer

<b>SPONSORSHIP BENEFITS</b>	<b>\$50,000</b>	<b>\$25,000</b>	<b>\$15,000</b>	<b>\$10,000</b>	<b>\$5,000</b>	<b>\$3,500</b>	<b>\$2,000</b>
<i># of Tickets</i> (10 tickets = 1 table)	<b>30</b>	<b>20</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>10</b>	<b>10</b>
<i>Recognition during program</i>							
<i>Listing in Horizons Annual Report</i>							
<i>Sponsor listing on event website and emails</i>							
<i>Signage at the event</i>							
<i>Ad in program journal</i>	<b>Full-page (cover)</b>	<b>Full-page</b>	<b>Full-page</b>	<b>Half-page</b>	<b>Quarter-page</b>	<b>Sponsor listing</b>	<b>Sponsor listing</b>
<i>Table sign with sponsor name</i>							
<i>Invite to Holidays with Horizons</i>							

**To register your sponsorship or for more information, please reach out to our events team at [events@horizonschildren.org](mailto: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: \_\_\_\_\_

### CONTACT INFORMATION

Sponsor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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 CAPTAIN**

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: \_\_\_\_\_

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](mailto: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