



First Coast Rotaract Club  
11<sup>th</sup> Annual Black Tie and Blue Jeans Gala  
benefiting the  
JLG Brain Cancer Foundation

**SPONSORSHIP PACKAGES\***

<b>Black Tie and Blue Jeans Sponsor</b>	<b>\$5,000 – \$10,000</b>
Name included as title sponsor in media releases	
Logo printed on tickets	
Logo used throughout promotional materials	
Name mentioned on social media (Twitter, Facebook, LinkedIn etc.)	
Event recognition, including signage	
Merchandising opportunities at event	
Speaking opportunity at event	
20 event tickets	
<b>Top Hat and Bootcuts Sponsor</b>	<b>\$2,500</b>
Name recognition on promotional materials	
Event recognition, including signage	
10 event tickets	
<b>Long Coat and Levi's Sponsor</b>	<b>\$1,000</b>
Name recognition on promotional materials	
Event recognition, including signage	
8 event tickets	
<b>Cufflinks and Cutoffs Sponsor</b>	<b>\$500</b>
Program & event recognition	
6 event tickets	
<b>Cummerbund and Jean Jacket Sponsor</b>	<b>\$300</b>
Program & event recognition	
4 event tickets	
<b>Bowtie and Overalls Sponsor</b>	<b>\$150</b>
Program & event recognition	
2 event tickets	

\*Donors will be listed in the program to be distributed the evening of the event.



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**SPONSORSHIP FORM**

*(Please indicate with an **x**).*

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> \$5,000 - \$10,000   | Black Tie and Blue Jeans Sponsor   |
| <input type="checkbox"/> \$2,500 <sup>+</sup> | Top Hat and Bootcuts Sponsor       |
| <input type="checkbox"/> \$1,000              | Long Coat and Levi's Sponsor       |
| <input type="checkbox"/> \$500                | Cufflinks and Cutoffs Sponsor      |
| <input type="checkbox"/> \$300                | Cummerbund and Jean Jacket Sponsor |
| <input type="checkbox"/> \$150                | Bowtie and Overalls Sponsor        |

*Your donation is tax deductible as allowed by law. You will receive a receipt by mail.*

Donation amount: \$ \_\_\_\_\_

Company: \_\_\_\_\_

How would you like your name or company's name to appear in the program:

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please pay with cash or make checks payable to:

**Rotary Club of South Jacksonville Charities, Inc.**

c/o Rotaract Club of Florida's First Coast

P.O. Box 48276

Jacksonville, FL 32247-8276

NOTE: If you prefer, Paypal is available for credit transactions at: [www.jaxrotaract.org](http://www.jaxrotaract.org).

Rotaract Member Contact: \_\_\_\_\_ *(if applicable)*