

Take a Breath Luncheon



Thursday, May 9, 2019 | PPA Event Center, Denver

As a sponsor of this luncheon for 200-plus people, your guests will enjoy a delicious lunch as they learn real life strategies to incorporate mindfulness, reduce stress, and bring intention and meaning into their lives.

Your sponsorship will reach:

♥ 3,400 social media followers ♥ 3,000 engaged donors ♥ 1,900 web visitors ♥ 200 attendees

PRESENTING SPONSOR — \$10,000

- Two VIP tables of 10
- Recognized as Presenting Sponsor during event
- Logo on event invitation, signage and website
- Prominent logo on screen at event
- Five mentions on social media
- Logo on attendee gifts
- Logo on MSVhome.org event page

Lunch Sponsor — \$7,500

- One VIP table of 10
- Logo on event invitation, signage and website
- Recognized as Lunch Sponsor during event
- Logo on screen at event
- Four mentions on social media

Wellness Sponsor — \$5,000

- One table of 10
- Name on event invitation, signage and website
- Name on tables as centerpiece and music sponsor
- Name on screen at the event

Table Sponsor — \$2,500

- One table of 10
- Name on event invitation, signage and web site
- Name on screen at the event

Gift Bag Sponsor — \$1,500

- Four complimentary tickets
- Name on gift bags given to all guests

Supporting Sponsor — \$500

- Two complimentary tickets



2019 Take a Breath Luncheon Sponsorship Form



Thursday, May 9, 2019 | 2105 Decatur Street
PPA Event Center | Denver CO 80211

Company Name *(as you would like it to appear)* _____

Contact Name _____

Address, City, State, ZIP _____

Phone _____ Email _____

SPONSORSHIP SELECTIONS

- | | | |
|--|---|---|
| <input type="checkbox"/> \$10,000 PRESENTING | <input type="checkbox"/> \$7,500 Lunch | <input type="checkbox"/> \$5,000 Wellness |
| <input type="checkbox"/> \$2,500 Table | <input type="checkbox"/> \$1,500 Gift Bag | <input type="checkbox"/> \$500 Supporting |

PAYMENT PREFERENCE

- Please send an invoice Check enclosed Charge my *(circle)*: Visa MasterCard Discover AmEx

Name on Card _____

Card Number _____ CVC _____

Billing Address _____

City, State, ZIP _____

Phone _____ Email _____

Send form to: Mount St. Vincent, 4159 Lowell Blvd., Denver, CO 80211, cliverance@msvhome.org, fax: 303-477-7559

Thank you for your support!