

SPONSORSHIP OPPORTUNITIES



The Miami Chapter of The Buoniconti Fund

10th annual BLOCK PARTY presented by Hillstone Coral Gables

Saturday, January 19, 2019

Presenting Sponsor - \$10,000

The Company or individual(s) will receive Presenting Sponsor status which includes thirty (30) tickets with a reserved table of ten at the event. All event promotional materials including media, invitations, flyer, website, signage, etc. will prominently display the Company or individual(s) as a Presenting Sponsor. The Company or individual(s) may have a table at the event to promote product or company, and will be eligible to receive an award during the event.

Walk Sponsor - \$5,000

The Company or individual(s) will receive Walk Sponsor status which includes twenty (20) tickets to the event. All event promotional materials including media, invitations, flyer, website, signage, etc. will prominently display the Company or individual(s) as a Walk Sponsor.

Step Sponsor - \$2,500

The Company or individual(s) will receive Step Sponsor status. The Company or individual(s) will receive fifteen (15) tickets to the event. All event promotional materials including media, invitations, flyer, website, signage, etc. will prominently display the Company or individual(s) as a Step Sponsor.

Stand Sponsor - \$1,000

The Company or individual(s) will receive Stand Sponsor status. The Company or individual(s) will receive eight (8) tickets to the event. All event promotional materials including media, invitations, flyer, website, signage, etc. will prominently display the Company or individual(s) as a Stand Sponsor.

Roll Sponsor - \$500

The Company or individual(s) will receive Roll Sponsor status. The Company or individual(s) will receive four (4) tickets to the event. All event promotional materials including media, invitations, flyer, website, signage, etc. will prominently display the Company or individual(s) as a Roll Sponsor.

Gift in Kind Sponsor

This sponsorship is based on products or services donated to support the event. The Company or individual(s) may receive Gift in Kind Sponsor status and receive benefits based on the value of the donation.

*Sponsorships are subject to printing and confirmation deadlines.

For information on the event or sponsorship opportunities, please contact Kristin Wherry, Director of National Chapters at (305) 243-3863 or kwherry@miami.edu

www.thebuonicontifund.com/miami

The Buoniconti Fund is the fundraising arm of The Miami Project to Cure Paralysis, located at the University of Miami Miller School of Medicine. A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free within the state. Registration does not imply endorsement, approval or recommendation by the state. The Buoniconti Fund is a non-profit 501(c)(3) organization. Federal ID #65-0244316. State of Florida identification #CH1756. Your donation, less \$25 per ticket, is tax deductible.

The Buoniconti Fund to Cure Paralysis
1095 N.W. 14th Terrace • Miami, Florida 33136
(305) 243-6001 • Fax: (305) 243-6017 • www.thebuonicontifund.com

SPONSORSHIP COMMITMENT FORM



The Miami Chapter of The Buoniconti Fund 10th annual **BLOCK PARTY** presented by Hillstone Coral Gables Saturday, January 19, 2019

- Presenting Sponsor - \$10,000
- Walk Sponsor - \$5,000
- Stand Sponsor - \$1,000
- Gift in Kind Sponsor
- Adult Ticket - \$50 advance/ \$60 event
- Step Sponsor - \$2,500
- Roll Sponsor - \$500
- Donation
- Child Ticket - \$15 (children under 5 free)

Donor Information

Donor's name: _____
(please note the name of the sponsor as it should appear on materials, and the contact name)

Address: _____
(*please provide billing address associated with credit card if noted below)

City, State, Zip: _____

Phone: _____ Email: _____

- Enclosed is my check made payable to: **The Buoniconti Fund to Cure Paralysis**
- I am unable to attend, please find the enclosed donation of \$ _____
- Please charge my * **Personal Card** **Business Card** credit card for the amount of \$ _____
- Visa Mastercard American Express Discover

Credit Card #: _____

Expiration Date: ____/____ Security Code: _____

Name on Card/ Signature: _____

Gift In Kind: Value \$ _____ Description of the item(s) including any restrictions or rules.

Please return form to: via email kwherry@miami.edu via fax 305-243-6017
Kristin Wherry
The Buoniconti Fund
1095 NW 14 Terrace
Miami, FL 33136