



## **The Charleston Chapter of The Buoniconti Fund to Cure Paralysis**

presents the

### **15<sup>th</sup> Annual Tailgate Party** **Saturday, September 10, 2022** Charleston, South Carolina

#### **Presenting Sponsor - \$10,000**

The Company or individual(s) will receive twenty (20) tailgate party tickets and twenty (20) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as a Presenting Sponsor. Opportunity to have promotional materials prominently displayed/distributed at the tailgate event.

#### **Extra Point Sponsor - \$5,000**

The Company or individual(s) will receive fifteen (15) tailgate party tickets and fifteen (15) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as an Extra Point Sponsor.

#### **Touchdown Sponsor - \$2,500**

The Company or individual(s) will receive ten (10) tailgate party tickets and ten (10) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as a Touchdown Sponsor.

#### **End Zone LUNCH Sponsor - \$2,000**

The Company or individual(s) will receive eight (8) tailgate party tickets and eight (8) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as an End Zone Lunch Sponsor.

#### **Field Goal Sponsor - \$1,500**

The Company or individual(s) will receive six (6) tailgate party tickets and six (6) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as a Field Goal Sponsor.

#### **Linebacker Sponsor - \$1,000**

The Company or individual(s) will receive four (4) tailgate party tickets and four (4) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as a Linebacker Sponsor.

#### **Quarterback Sponsor - \$500**

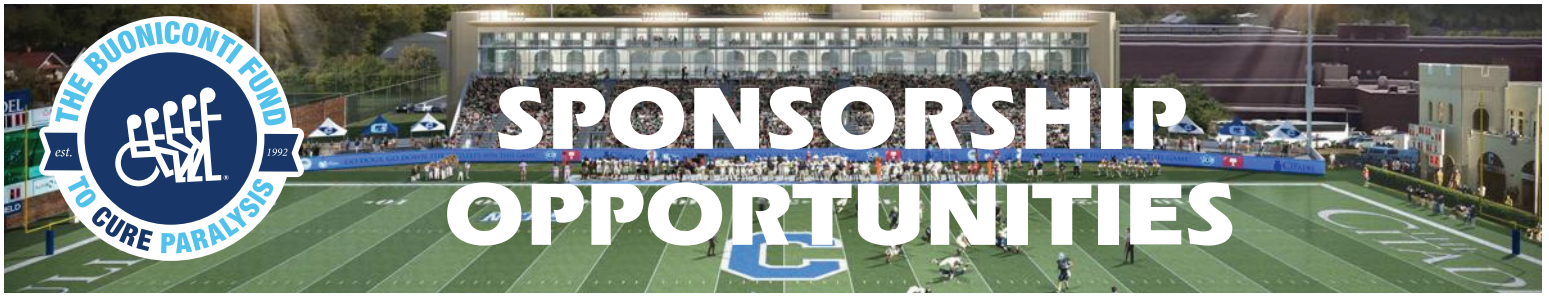
The Company or individual(s) will receive two (2) tailgate party tickets and two (2) drawing tickets. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as a Quarterback Sponsor.

#### **Huddle Sponsor - \$250**

The Company or individual(s) will receive one (1) tailgate party ticket and one (1) drawing ticket. All event printed materials, including invitation, flyer, sponsor boards, and social media will prominently display the Company or individual(s) as a Huddle Sponsor.

\*All sponsor benefits are based on confirmation and print deadlines.

**For sponsorship opportunities, please contact Rob Camarena or Teri Bendell**  
**(305) 243-2267 | [bfchapters@miami.edu](mailto:bfchapters@miami.edu)**



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- |  |   |
|--|---|
| <input type="checkbox"/> Presenting Sponsor - \$10,000               | <input type="checkbox"/> Field Goal Sponsor - \$1,500 |
| <input type="checkbox"/> Extra Point Sponsor - \$5,000               | <input type="checkbox"/> Linebacker Sponsor - \$1,000 |
| <input type="checkbox"/> Touchdown Sponsor - \$2,500                 | <input type="checkbox"/> Quarterback Sponsor - \$500  |
| <input type="checkbox"/> End Zone LUNCH Sponsor - \$2,000            | <input type="checkbox"/> Huddle Sponsor - \$250       |
| <input type="checkbox"/> Gift In Kind Sponsor (products or services) | <input type="checkbox"/> Donation                     |

**Donor Information**

Donor's name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

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

Gift in Kind or Auction Item Description: \_\_\_\_\_

\_\_\_\_\_

Value: \$\_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am unable to attend, please find enclosed my donation of \$\_\_\_\_\_.

Enclosed is my check made payable to: **The Buoniconti Fund to Cure Paralysis**

Please charge my credit card for the amount of \$\_\_\_\_\_  Corporate or  Personal

Visa  Mastercard  American Express  Discover

Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Sec Code: \_\_\_\_\_

Name on Card / Signature: \_\_\_\_\_

\*Please note the company name and/or individual above for the credit card billing.

Please return form via email to [bfchapters@miami.edu](mailto:bfchapters@miami.edu)  
or via mail to The Buoniconti Fund | 1095 NW 14th Ter | Miami, FL 33136