

CHARLESTON CHAPTER OF
THE BUONICONTI FUND
TO CURE PARALYSIS

17th annual
**TAILGATE
PARTY**  **NOV 09**
SATURDAY



SPONSORSHIPS AVAILABLE
MORE INFO: TBENDELL@miami.edu

HOSTED BY
MARC BUONICONTI



THE BUONICONTI FUND
TO CURE PARALYSIS

The Charleston Chapter of The Buoniconti Fund to Cure Paralysis

presents the

17th Annual Tailgate Party

Saturday, November 9, 2024

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.

End Zone LUNCH Sponsor - \$2,500 **SOLD**

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 the End Zone LUNCH Sponsor.

Touchdown 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 a Touchdown 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
(888) STAND UP | 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"/> End Zone LUNCH Sponsor - SOLD | <input type="checkbox"/> Quarterback Sponsor - \$500 |
| <input type="checkbox"/> Touchdown - \$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
or via mail to The Buoniconti Fund | 4611 S. University Dr PMB 232 | Davie, FL 33328