

Spirit of Compassion
Annual Awards & Celebration Event
Sponsor Information

Friday, November 12, 2010, 6:00p.m.

____ YES, I/We would be happy to support the Spirit of Compassion Awards as a Sponsor at the below marked level.

Treaty Oak \$5,000

- Prominent table with reserved seating (12 seats)
- Name/logo on invitation and signage at the event
- Ad in program, on website and in newsletter
- Recognition at event
- Ability to provide a promotional item for each guest.

\$5000 will provide case management and supportive services including housing assistance, for 1 family for 18 months.

Live Oak \$3,000

- Preferred table with reserved seating (10 seats)
- Name on invitation and signage at the event
- Small ad in program
- Logo on website and in newsletter
- Recognition at event, ability to provide a promotional item for each guest.

\$3,000 will feed and house a family for 77 nights.

Redbud \$1,500

- Smaller reserved table (8 seats)
- Name on invitation and signage
- Logo in program and newsletter

\$1,500 buys 450 meals for adults through the Feed My People program.

Lost Pine \$1,000

- Smallest reserved table (6 seats)
- Name on invitation and signage

\$1,000 provides 1 week of summer camp for 20 kids.

Mustard Seed \$500

- 2 tickets to the event
- Name in electronic newsletter thank you edition and signage

\$500 will feed, house, transport and provide case management and supportive services to a family for 13 nights.

____ YES, I/We would like to join in contributing to Foundation for the Homeless, Inc., but do not wish to be included as a sponsor at the event.

____ I am not able to sponsor this year but would like to attend the event for \$125.00 per ticket. Number of tickets ____

Individual or Organization Name (as should appear on printed materials) Please circle: Donor, Memorial, In Honor of

Primary Contact Name

E-mail

Phone #

Address, City, State, Zip

Phone #

Fax #

Website

____ Enclosed please find my check made payable to Foundation for the Homeless

____ Please charge my payment to ____ VISA ____ MasterCard ____ AMEX Exp. date ____

Card Number ____ 3 digit security code ____

Billing Address: ____

Name as it appears on card: ____

Signature ____

Please return this form by October 1, 2010 for the printing deadline:

Fax to: (512)453-6732, Scan/PDF to: pwachholz@foundationhomeless.org or mail to:

Foundation for the Homeless, Inc. PO Box 28006, Austin, TX 78755

Phone: (512) 453-6570 • Web: www.foundationhomeless.org