

FRIDAY, OCTOBER 5, 2018

BREAKFAST FOR A BLESSING

CROSSPOINT COMMUNITY CHURCH
700 WESTGREEN BLVD
KATY, TEXAS 77450
7:30 - 9:00 AM

Sponsorship Benefits and Levels 2018

TITLE EVENT SPONSOR \$10,000

- 2 VIP tables for 20 guests
- Acknowledgment as Title Sponsor on all communications
- Acknowledgment from podium
- Premier Full-page ad in Program Book Inside Cover
- Gold Keepsake Leaf for Donor Tree
- Sponsor of storyboard displayed at event
- Logo included on all social media
- Acknowledgement in quarterly newsletter

HONORARY SPONSOR \$5,000

- 1 VIP table for 10 guests
- Acknowledgment on all communications
- Acknowledgment from podium
- Full-page ad in Program Book
- Gold Keepsake Leaf for Donor Tree
- Sponsor of storyboard displayed at event
- Logo included on all social media
- Acknowledgement in quarterly newsletter

LOVE SPONSOR \$2,500

- 1 Premier table for 10 guests
- Half page ad in Program Book
- Silver Keepsake Leaf for Donor Tree
- Sponsor of storyboard displayed at event
- Logo included on all social media
- Listed in quarterly newsletter

HOPE SPONSOR \$1,500

- 1 Reserved table for 10 guests
- Quarter page ad in Program Book
- Bronze Keepsake Leaf for Donor Tree
- Logo included on all social media
- Listed in quarterly newsletter
- Acknowledgement in quarterly newsletter

FAITH SPONSOR \$850

- 1 Reserved table for 5 guests
- Bronze Keepsake Leaf for Donor Tree
- Logo included on all social media
- Listed in quarterly newsletter

FRIEND'S TICKET \$75/EA

TICKETS: _____

PROGRAM AD

I am interested in placing an ad in the program booklet.

- Full Page \$500 Half Page \$250
 ¼ Vertical \$100

DONATION

I am unable to attend but would like to make a tax-deductible donation \$ _____

IN-KIND SPONSOR

I am interested in providing In-Kind services for the event.

- Printing Floral
 Video Photo



FOR ONLINE REGISTRATION: go to www.christclinicaty.org

REGISTER BY MAIL:

25722 Kingsland Blvd, Suite 101, Katy, Texas 77494
by **Friday, September 7, 2018**

TABLE CAPTAIN

Contact Name: _____

Organization Name: _____

Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please seat me with:

Breakfast Selection

American/Vegan/Gluten Free

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Please email logo in a png format to
michael@christclinicaty.org by **Friday, September 14, 2018**.

For more information, please contact the Event Coordinator.

832-913-8476 | michael@christclinicaty.org
25722 Kingsland Blvd, Suite 101, Katy, Texas 77494

PLEASE RSVP BY SEPTEMBER 7, 2018