



M A S K S *for* A I D:
C · O · N · N · E · C · T · E · D

Thursday, April 9, 2020
The Kauffman Center for the Performing Arts

Sponsorship Benefit Opportunities

Presenting Sponsor - \$25,000

- ✓ Tickets: 20
- ✓ Name on event Website
- ✓ Digital Signage at Event
- ✓ Premium Signage at Event
- ✓ Post-event recognition
- ✓ Social Media Announcement
- ✓ Acknowledge in Event Press Release
- ✓ Spotlight in Annual Report
- ✓ Invitation to Box Gallery Art Premier Event

Elite Sponsor - \$15,000

- ✓ Tickets: 16
- ✓ Name on event Website
- ✓ Digital Signage at Event
- ✓ Premium Signage at Event
- ✓ Post-event recognition
- ✓ Social Media Announcement
- ✓ Invitation to Box Gallery Art Premier Event

Champion Sponsor - \$10,000

- ✓ Tickets: 12
- ✓ Name on event Website
- ✓ Digital Signage at Event
- ✓ Premium Signage at Event
- ✓ Post-event recognition
- ✓ Social Media Announcement
- ✓ Invitation to Box Gallery Art Premier Event

Supporting Sponsor - \$ 5,000

- ✓ Tickets: 10
- ✓ Name on event Website
- ✓ Digital Signage at Event
- ✓ Invitation to Box Gallery Art Premier Event

Advocate Sponsor - \$ 3,000

- ✓ Tickets: 6
- ✓ Name on event Website
- ✓ Digital Signage at Event

Please contact Danielle Yearout at 913-402-6028 or by email at danielle@hncliving.org for more information or to submit your sponsorship form.



Thursday, April 9, 2020
7 PM

The Kauffman Center for the Performing Arts

M A S K S *for* A I D:
C · O · N · N · E · C · T · E · D

Sponsorship Agreement 2020

Name: _____ Company: _____

List in program as: _____

Address: _____

City, State, Zip: _____

Email 1: _____ Email 2: _____

Phone number: _____

____ Presenting Sponsor \$25,000

____ Elite Sponsor \$15,000

____ Champion Sponsor \$10,000

____ Supporting Sponsor \$ 5,000

____ Advocate Sponsor \$ 3,000

____ I am unable to attend but wish to support HNC Living Foundation.

Enclosed is my tax-deductible donation of \$_____. Please use this gift to provide financial support to those affected by head and neck cancer. HNC Living is helping those in need nationwide. If you wish to restrict your gift to the Kansas City region, please initial here _____.

PAYMENT INFORMATION

____ My check is enclosed (payable to *HNC Living Foundation*)

____ Please invoice me at the address listed above

____ I am including my credit card information:

Payment Method: (*circle one please*) Mastercard Visa American Express

Credit Card # _____

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

Submit Completed form Attention Danielle Yearout by: Email: danielle@hncliving.org

Mailing Address: [HNC Living Foundation, 6240 W. 135th St., Ste. 200 Overland Park, KS 66223](#)