



# Sponsorship Opportunities

### Presenting Sponsorship | \$100,000

Providing support for one Food Truck for one year, throughout nine counties in North Texas providing seniors, children and families with 1 million pounds of fresh produce, dairy & meat.

### Production Sponsorship | \$75,000

Providing 50 seniors access to one year of meals, support, transportation, health & wellness and education at Brady Senior Center.

### Diamond Sponsorship | \$50,000

Providing six months of fresh & nutritious food sustaining over 1200 families each month.

### Platinum Sponsorship | \$30,000

Providing social services, care and housing to five individuals for one year, preventing homelessness and offering dignity, integrity and hope for a better future.

### Gold Sponsorship | \$12,500

Providing one month of parenting classes and early childhood education through Together We're Better Program serving over 150 families & children.

### Silver Sponsorship | \$7,500

Providing monthly financial assistance and support to over five families facing hardships due to natural disasters or the economic impact of COVID-19.

### Bronze Sponsorship | \$5,000

Providing one year of early education for one child through our Together We Learn dual-generation language program.

### Patron Sponsorship | \$2,500

Providing the necessary governmental fees for two eligible immigrants associated with becoming a full citizen of the United States.

### Other Amount

Please indicate \$ \_\_\_\_\_

## Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Company: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ I/We wish to have our gift remain anonymous:  Yes  No

**Double your impact by doubling your gift**  
My gift will be matched by (company, family or foundation)

**Acknowledgement Information**  
Please use the following name(s) for all acknowledgements

\_\_\_\_\_

## Payment Information

I/We pledge a total gift of: \$ \_\_\_\_\_  Invoice Me  
 Check #: \_\_\_\_\_ Enclosed

Credit Card: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_  
Signature: \_\_\_\_\_

For more information, please contact Amy Taylor at 469-801-8107 or ataylor@ccdallas.org