

SPONSORSHIP PACKAGE

SUNDAY, MAY 23, 2021 FISH PLAZA AT THE WORTHAM

EVENT UNDERWRITER: \$25,000

Recognition as an Event Underwriter in prominent location at the event
On-Stage Recognition at the event
One year recognition as our event underwriter on our website
Featured in all printed and digital materials and media outreach
Name or company logo on the Step and Repeat at Art Festival

TITLE SPONOR: \$15,000

Recognition as a Title Underwriter in premiere location at the event One year recognition as our event underwriter on our website Featured in all printed and digital materials and media outreach

AMBASSADOR OF THE ARTS SPONSOR: \$5,000

Recognition as sponsor at the event Recognition in all printed and digital materials and media outreach

SANITATION STATION SPONSOR: \$2,500

Recognition as Sanitation Station Sponsor at all the stations
Recognition in all digital materials and selected printed material and media outreach

ENTERTAINMENT SPONSOR: \$1,500

Recognition as Entertainment Sponsor on signage at the event Recognition in all digital materials and selected printed material and media outreach

WATER SPONSOR: \$1,000

Recognition as Water Sponsor on event signage
Recognition in all digital materials and selected printed material and media outreach

HOST COMMITTEE:

Recognition as Host Committee on all digital materials and selected printed and media outreach

MICHAELANGELO: \$1,000 PICASSO: \$500 MONET: \$250





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Full Name:	Date:	
Company:	Contact Name:	
Name to be listed for recognition:		
Address:		
Phone:	Email:	
	SPONSORSHIP LEVEL	
EVENT UNDERWRITER \$25,000	TITLE \$15,000	BASSADOR OF THE ARTS \$5,000
SANITATION STATION \$2,500	ENTERTAINMENT \$1,500	WATER \$1,000
HOST COMMITTEE \$	1,000 Michelangelo \$500 Pi	casso \$250 Monet
	PAYMENT INFORMATION	
My check made payable to KNOWAutism in the amount of \$		is enclosed.
I would like to submit payment online	via credit card, PayPal, or ACH.	
I would like to confirm my pledge now	and pay no later than April 1, 20	21.
I authorize KNOWAutism to charge my	r credit card for the amount of \$_	
Credit Card (circle one): Visa MC		CVV Contro
Card #:		
Name As it Appears On Card:		
Billing Address:		_City / State / Zip:
Authorized Signature:		

Please return this complete form to Paul-David@pdvspecialevents.com

if you wish to pay by check, please mail to: KNOWAutism, 6430 Richmond Avenue, Suite 410, Houston, TX 77057