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mschoeffel@parkinsonassociationswfl.org



PARKINSON'S
ASSOCIATION OF SOUTHWEST FLORIDA
Helping our Community Members Live Well with PD

SPONSOR CONTRACT



A Step Forward Overcoming Obstacles, Featuring Ben Carson, M.D.
Friday, March 25, 2022
The Ritz-Carlton, Naples, 280 Vanderbilt Beach Road, Naples, FL 34108
General Admission - Doors open at 11:30 am, Lunch 12:00 pm
VIP Reception - Doors open at 11:00 am
Want to join us? Go to www.ParkinsonAssociationSWFL.org

YOUR SPONSORSHIP MAKES ALL THE DIFFERENCE

Your generous sponsorship makes it possible for us to provide free membership and proven effective programs to our community members with PD that include movement and exercise, speech therapy, educational events, and social activities.

In addition to the benefits of the **Partners for Parkinson's** Giving Society on the reverse page, sponsors of **A Step Forward: Overcoming Obstacles** also receive the following. Please mark the level which works best for you!

- Benefactor** \$50,000 - 2 VIP tables of 8 and 6 invitations to Thursday evening's reception with Dr. and Mrs. Carson
- Angel** \$25,000 - 8 VIP seats and 4 invitations to Thursday evening's reception with Dr. and Mrs. Carson
- Champion** \$10,000 - 6 VIP seats and 2 invitations to Thursday evening's reception with Dr. and Mrs. Carson
- Steward** \$7,500 - 4 VIP seats and 1 invitation to Thursday evening's reception with Dr. and Mrs. Carson
- Sustainer** \$5,000 - 2 VIP and 2 general admission seats
- Ambassador** \$2,500 - 4 general admission seats

- VIP Reserved Seating** \$500 - limited to 120 - includes pre-luncheon champagne reception with Dr. Carson
- General Admission** \$300 (\$100 of the individual ticket price is tax-deductible)

- My Payment of \$ _____ is enclosed, or** **Please invoice me on January 15, 2022**

Contact, Publicity and Credit Card Information

Contact Person: _____ Phone: (_____) _____ (c) (o) (H)
Name to appear in program (Company): _____
Email: _____ @ _____
Address: _____
City _____ State: _____ Zip: _____
Paying by Credit Card: name on Credit Card: _____ Amount to charge \$ _____
Card # _____ Expiration Date _____ CVV _____

Please make checks payable to Parkinson's Association of Southwest Florida

Please seat me with: _____
My guests are: 1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

Please contact Mary C. Schoeffel with any questions at MSchoeffel@ParkinsonAssociationSWFL.org or 239-417-3465

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