

TENTH ANNUAL PROFESSIONAL ADVISORS LUNCHEON SPONSORSHIP OPPORTUNITIES

Friday, October 25, 2019 Embassy Suites in San Luis Obispo

All proceeds benefit the grantmaking and education programs of The Community Foundation.

LEADERSHIP SPONSOR (\$5,000)

- Premier listing of company name and logo in save the date and invitation
- Recognition in advanced press
- Premier listing of company name on event signage
- Opportunity for an introduction or video

- Premier listing of company name in program and on table
- Premier listing of company name on website
- Up to two tables of 8 in a premier location for luncheon
- Opportunity for company banner to be displayed at event

PRESENTING SPONSOR (\$2,500)

- Premier listing of company name and logo on event signage
- Premier listing of company name in program and on table
- Premier listing of company name on website and marketing materials
- One table of 8 in premier location for luncheon

TABLE SPONSOR (\$1,000)

- Listing of company name on event signage
- Listing of company name on website
- Listing of company name in program and on table
- One table of 8 for luncheon
- Listing of sponsorship on invitation

Deadlines: To be included on the save the date is July 16. To be included on the invitation is August 30.

Thank you for your support to The Community Foundation. We estimate the value of the benefits conveyed to you in exchange for your sponsorship will be \$50 per seat. For further information, please contact your tax advisor.

QUESTIONS?

Cecelia@cfsloco.org

The Community Foundation 2019 Professional Advisors Luncheon

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TENTH ANNUAL PROFESSIONAL ADVISORS LUNCHEON

SPONSORSHIP REPLY FORM

I/We wish to support The Community Foun	dation's Tenth Annual Professional A	dvisors Luncheon at the following level:
Leadership (\$5,000)	Presenting (\$2,500)	Table (\$1,000)
I/we are unable to sponsor but wish to purcl	hase ticket(s) at \$75 each	
I/We cannot attend, but please accept a donarion.	ation of \$ to support the imp	ortant work of The Community
I plan to submit a request for a matching gif	ft from my company in the amount of	\$
Total: \$		
CONTACT INFORMATION		
Name		
Title		
Company/Organization		
Address		
City	State	Zip
Phone	Email	
 Please send an invoice 		
METHOD OF PAYMENT		
Check (Payable to The Community Fo	oundation SLO County) orVisa _	Master Card
Credit Card #	Exp. Date	3 Digit Sec. Code
Total Amount	Signature	

Thank you for your support. Please email completed forms or mail with check to:

Cecelia@cfsloco.org