

#### **Foundation Board**

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Jonathan Cherry President/CEO LifeStream

Dear Potential Sponsor,

On behalf of LifeStream Foundation, I invite you to become a sponsor of our annual fundraiser. Our **Annual "Gala of Hope"** will be held on October 25<sup>th</sup> 2019 Lake Receptions in Mount Dora, from 6:30pm to 10:00pm. Our theme this year is "**Passport to Africa**".

All proceeds from the event will help provide much needed services to children and their families in our community who would otherwise not be able to afford them. LifeStream is a non-profit behavioral health, and social services organization serving Lake, Sumter, Citrus, Marion, Hernando and Orange Counties. Our services are broad and all-encompassing, from acute inpatient care; residential; case management; outpatient services, alternative schools for at-risk and special needs youth; child welfare services; homeless housing for struggling families and veterans and primary care. LifeStream provided services to over 24,000 individuals last year and the numbers are growing. With your support, we will be able to provide the additional services necessary to meet the growing needs of our community.

Sponsorship of this well attended event offers you an opportunity to showcase your business and to demonstrate your support for a great cause. The event will be promoted in multiple media venues with all sponsors highlighted. We are offering several sponsorship opportunities for this event. The packet is included for your convenience, but I am also available to discuss the sponsorship level that best suits your company.

Please consider sponsoring our gala. Your help provides directly for the well-being of our community. Your support will further LifeStream's mission of "Creating Hope, Supporting Recovery and Promoting Health" for those in need.

Sincerely,

Sherry Obyanski (352) 315-7527 Executive Director

LifeStream Foundation

For more information about LifeStream
Please visit: www.LSBC.net









# **Sponsorship Opportunities**

October 25<sup>th</sup> 2019 ~ 6:00PM ~ Lake Receptions, Mount Dora EVENT SPONSOR - \$10,000

Company listed as **PRESENTING SPONSOR** on invitations and all event media\* ~ Logo on **FULL** page ad in Gala Program ~ Logo featured prominently throughout evening ~ Introduction during Gala ~ Reserved evening event table with seating for ten (10) with **PRIORITY SEATING** 

## PLATINUM SPONSOR - \$6,000

Company logo in all event media\* ~ Logo on **half** page ad in Gala Program ~ Logo featured prominently throughout evening ~ Introduction during Gala ~ Reserved evening event table with seating for ten (10)

# **MOBILE BIDDING SPONSOR - \$5,000**

**EXCLUSIVE** Sponsorship Opportunity ~ Company name listed in Gala Program ~ **Logo with direct link to company website on all bidding devices (smartphones, auction website, etc)**. Introduction during Gala ~ Reserved evening event table with seating for eight (8)

### GOLD SPONSOR - \$2,500

Company logo in all event media\* ~ Logo on **quarter** page ad in Gala Program ~ Logo featured prominently throughout evening ~ Company recognition during Gala ~ Reserved evening event table with seating for eight (8)

# SILVER (TABLE) SPONSOR - \$1,000

Company name in Gala Program ~ Company name featured prominently throughout evening ~ Reserved evening event table with seating for eight (8)

#### **BRONZE SPONSOR - \$500**

Company name in Gala Program ~ Company name featured prominently throughout evening ~ Two (2) Gala Tickets

\* Subject to meeting media deadlines.



Please check the Sponsorship Package you have selected:

**EVENT SPONSOR \$10,000** 

GOLD SPONSOR \$2,500

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PLATINUM SPONSOR \$6,000

SILVER (TABLE) SPONSOR \$1,000

#### **MOBILE BIDDING SPONSOR \$5,000**

**BRONZE SPONSOR \$500** 

(Two Available)								
I am unable to sponsor Annual "Gala of Hope", at any of the above levels; however, I would like to								
purchase tickets to the Gala: Number of Tickets: at \$100.00 per ticket = \$								
140								
Sponsor Name:								
O I IN		/	DI.					
Contact Name:			Phone:					
Email:								
Check for \$	is enclosed	Charge my credit	card in the amount	t of \$				
77.	M		D:		A			
Visa	MasterC	ard	_ Discover		American Express			
Card Number:			Expiration	n Date: _				
Name as it appears or	n card:		Zip Code:					
Signature:	p	rint		Date:				
oignature.		Tinc.		Date				

Please send payment to: LifeStream Foundation Or fax information to: (352) 315-7586

PO Box 491000 Leesburg, FL 34749-1000

#### THANK YOU FOR YOUR SUPPORT!

The financial assistance you provide today will help support LifeStream's efforts to make a difference in the lives of those we serve and contribute to an improved quality of life for all in our community.