

2019 SPONSOR RESPONSE FORM

All guests are welcomed with a reception including hot hors d'oeuvres and complimentary beverages. The program, featuring Mayim Bialik will be held in Peter Kiewit Concert Hall at the Holland Performing Arts Center. Coffee and dessert will be served immediately upon conclusion of the program.

Please select your Sponsor level below and return your completed form to:

**NEW PROGRAM DATE!
AUGUST 27, 2019**

**Community Alliance • Attn: Breaking the Silence
4001 Leavenworth Street • Omaha, Nebraska 68105
Phone: 402-341-5128 • Fax: 402-505-9849
E-mail: breakingthesilence@commall.org**

Name of Sponsoring Organization/Individual

(as you wish to be acknowledged in event materials) _____

Name/Title of individual authorizing sponsorship: _____

Telephone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person/Title (please provide us with name and contact information of the person with who we should coordinate tickets and other event details):

Telephone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsor Level (Please indicate the level of sponsorship you wish to contribute/pledge. Your sponsorship contribution is tax deductible less the estimated fair market value of \$60 for each ticket received.)

- Visionary Level – \$50,000/** Includes premier theatre style seating for up to 36.
- Champion Level – \$35,000/** Includes premier theatre style seating for up to 30.
- Leadership Level – \$25,000/** Includes preferred theatre style seating for up to 24.
- Partnership Level – \$15,000/** Includes preferred theatre style seating for up to 16.
- Impact Level – \$10,000/** Includes preferred theatre style seating for up to 14.
- Patron Level – \$5,000/** Includes reserved theatre style seating for up to 12.
- Advocate Level – \$2,500/** Includes reserved theatre style seating for up to 10.
- Supporter Level – \$1,500/** Includes reserved theatre style seating for up to 8.
- Additional Tickets – _____ @ \$125.00 each/** Total \$ _____
- Donation – \$ _____ /** I/we are unable to attend the 2019 Breaking the Silence program, but wish to support this community education event with the donation indicated. Community Alliance will recognize your donation as a sponsorship in the amount indicated with 100% of your payment recognized as a charitable contribution.

Additional Notes/Comments: _____

Method of Payment

- Check Enclosed** – (Amount \$ _____). Please make payable to COMMUNITY ALLIANCE FOUNDATION.
- Credit Card** – Credit card payment accepted on our website at www.community-alliance.org.
Visa, MasterCard, Discover and American Express accepted.
- Please Invoice Us** – Invoice will be sent upon receipt of your pledge. To assist us in timely and accurate acknowledgement of your support in event materials, payment of your pledge is requested on or before October 1, 2019.