

SPONSOR RESPONSE FORM

We look forward to welcoming you back in 2021. The pre-program reception including hors d'oeuvres and drink tickets for all guests opens at 5:30 PM. The program, featuring David and Nic Sheff will start promptly at 7:00 PM in the Peter Kiewit Concert Hall. Coffee and dessert will be served immediately following the program.

Donation/Sponsor Level

Please indicate the level of sponsorship you wish to contribute/pledge.

- \$25,000 - Mental Health Champion** (Premier theatre-style seating for up to 24)
- \$15,000 - Mental Health Hero** (Preferred theatre-style seating for up to 16)
- \$10,000 - Mental Health Ambassador** (Preferred theatre-style seating for up to 14)
- \$5,000 - Mental Health Collaborator** (Reserved theatre-style seating for up to 12)
- \$2,500 - Mental Health Advocate** (Reserved theatre-style seating for up to 10)
- \$1,500 - Mental Health Supporter** (Reserved theatre-style seating for up to 8)
- Other Amount** \$ _____
- Additional Tickets** - _____ @ \$125 each / Total \$ _____

Donation Only:

I/We wish to decline tickets to the 2021 program and designate 100% of the Sponsorship indicated as a charitable contribution to Community Alliance.

Acknowledgement Information

Please use the following name(s) in all program acknowledgements _____

I/We wish to have our sponsorship gift remain anonymous.

Name of Sponsoring Organization/Individual (Please print or type)

Name/Title of Individual Authorizing Sponsorship: _____

Mailing Address _____

City, State & Zip _____

Phone _____ Email _____

Contact Person/Title

(Please provide us with name and contact information of person with who we should coordinate tickets and other event details):

Name/Title of Contact: _____

Phone _____ Email _____

Mailing Address (If different than above) _____

City, State & Zip _____

Method of Payment

Check Enclosed. (Amount: \$ _____) Please make payable to **Community Alliance Foundation.**

Credit Card. Credit card payment accepted on our secure website at **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 **September 27, 2021.**

Other. Please specify _____

Please return your completed form to:

Community Alliance, Attn: Breaking the Silence
4001 Leavenworth Street, Omaha, NE 68105
Phone: 402.341.5128 | Fax: 402.505.9849
Email: breakingthesilence@commall.org