

# Sponsorship Response Form

All guests will be welcomed with a pre-program reception including hors d'oeuvres and complimentary beverages. The program, featuring Ginger Zee, will start promptly at 7 p.m. in the Peter Kiewit Concert Hall. Coffee and dessert will be served immediately following.

**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** — \_\_\_\_\_ at \$125 each / Total \$\_\_\_\_\_

☐ **Donation Only:**

I/We wish to decline tickets to the 2025 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 the name and contact information of who we should contact to coordinate tickets and 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 23, 2025**.*
- ☐ **Other.** Please specify \_\_\_\_\_

**PLEASE RETURN YOUR  
COMPLETED FORM TO:**

**Community Alliance, Attn: Breaking the Silence**  
7150 Arbor Street, Omaha, NE 68106  
Phone: 402-341-5128 | Fax: 402-505-9849  
Email: [breakingthesilence@commall.org](mailto:breakingthesilence@commall.org)