



THE
ESTOPINAL
FOUNDATION

The Estopinal Foundation presents the inaugural

Purple Jubilee

Friday, November 15, 2019

SPONSORSHIP PACKET



THE
ESTOPINAL
FOUNDATION

2019 Purple Jubilee

November 15, 2019 | Marriott Downtown Louisville

SPONSORSHIP OPPORTUNITIES + BENEFITS

Presenting Sponsors | \$10,000

- Two Reserved Tables for 20 Guests
- Company/Logo/Personal Name Prominently Displayed on Your Tables at the Event
- Website and Social Media Listings for One Year
- Inclusion in Media Releases and Advertising
- Prominent Signage at the Registration Table, Silent Auction Area and Ballroom
- Company/Logo/Name and Description in the Event Program
- Special Presenting Sponsor Gift

Supporting Sponsors | \$5,000

- One Reserved table for 10 guests
- Company/Logo/Personal Name Prominently Displayed on Your Tables at the Event
- Website and Social Media Listings for One year
- Inclusion in Media Releases and Advertising
- Prominent Signage at Registration Table, Silent Auction Area and Ballroom
- Company/Logo in the Event Program

Table Sponsors | \$1,000

- One Reserved table for 10 guests
- Company/Logo/Personal Name Prominently Displayed on Your Tables at the Event
- Prominent Signage at Registration Table, Silent Auction Area and in Ballroom
- Company/Logo in the Event Program

Individual Tickets | \$100 ea.





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SPONSORSHIP COMMITMENT

Yes! We/I would like to support the mission that The Estopinal Foundation provides for our youth, and will be honored to participate in the 2019 Purple Jubilee as follows:

- Presenting Sponsors** | \$10,000
- Supporting Sponsors** | \$5,000
- Table Sponsors** | \$1,000
- Individual Tickets** | \$100 each x _____ Number of Tickets
- I am unable to sponsor or attend, but would like to make a contribution in the amount of: \$_____

Total Commitment: _____

Company/Donor Name: _____

Contact Person: _____

Email: _____

Phone: _____

Mailing Address: _____

City/State/Zip: _____

Agreed by: _____

Date: _____

Payment Information

Payment Enclosed. Please make checks payable to The Estopinal Foundation

Please charge the following Credit Card: *Circle One:* Visa Mastercard Discover AMEX

Card Number: _____

Exp: _____

CVC: _____

Authorized Signature: _____

Date: _____

Please Invoice Me

Mail this completed form with payment to: The Estopinal Foundation, 903 Spring Street, Jeffersonville, IN 47130

Thank you for your generous support!

