

# STAND up for KIDS



Join us for The CARE Center's annual fall luncheon, **Stand Up For Kids**, on October 16, 2018, at the Oklahoma City Golf & Country Club, featuring special guest **Kevin Mulcahy**.

Working as an Assistant U.S. Attorney, Kevin has been prosecuting crimes since 2002. It was his own childhood sexual abuse at the hands of his soccer coach, however, that lead him to become the child advocate he is today.

The **Stand Up For Kids** luncheon raises critical funds for our Education programs that teach children just like Kevin how to protect themselves through body safety and empowerment. **When you support child abuse education, you Stand Up For Kids.**

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## Sponsorship Opportunities

### **\$5,000 Presenting Sponsor**

- Premier seating for 10 guests
- Recognition in the Stand Up for Kids Luncheon name i.e. "Stand Up For Kids presented by *Company Name*"
- Recognition in online/print materials and at the luncheon
- A press release feature and social media shout outs
- A special gift to take home

### **\$3,000 Champion Sponsor**

- One table for ten at the luncheon
- Recognition in online/print materials and at the luncheon
- Social media shout outs

### **\$1,500 Advocate Sponsor**

- One table of ten at the luncheon
- Recognition in online/print materials and at the luncheon
- Social media shout outs

### **\$500 Patron Sponsor**

- Recognition in online/print materials and at the luncheon
- Social media shouts

**For more information, to become a sponsor or table host, or to attend, contact Camden Means at [camden@carecenter-okc.org](mailto:camden@carecenter-okc.org) or 405.236.2100.**





**care**  
center

CHILD ABUSE RESPONSE & EVALUATION

## 2018 STAND UP FOR KIDS SPONSORSHIP FORM

### Sponsor Contact Information:

COMPANY/DONOR NAME – FOR PRINT/RECOGNITION: *(As it should appear)*

CONTACT NAME:

ADDRESS:

TITLE:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

### Sponsorship Information:

SPONSORSHIP LEVEL NAME:

SPONSORSHIP/DONATION AMOUNT:

CASH OR IN-KIND:

IN-KIND DESCRIPTION:

NOTES:

### Payment Information:

Check enclosed payable to The CARE Center

Pay via Credit Card

Please send me an invoice.

Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

SIGNATURE:

DATE:

For office use only:

NOTES:

**Please return this form and payment to:**

The CARE Center

Attn: Camden Means

1403 Ashton Place, Oklahoma City, OK 73117

camden@carecenter-okc.org

Fed Tax ID#: 73-1393193