



## SPONSORSHIP OPPORTUNITIES

### LIONHEART - \$30,000

- Two tables of ten at Brave Ball
- Recognition as Brave Ball Presenting Sponsor
- Special recognition from the stage
- Optional speaking opportunity from the stage
- Premiere recognition on invitation, website, event program, and media coverage
- Premium wine at your tables

### HERO - \$15,000

- Two tables of ten at Brave Ball
- Recognition as Brave Ball pre-dinner game sponsor (subject to availability)
- Special recognition from the stage
- Premiere recognition on invitation, website, program and media coverage
- Premium wine at your tables

### PROTECTOR - \$10,000

- One table of ten at Brave Ball
- Special recognition from the stage
- Recognition on invitation, website, program, and media coverage
- Premium wine at your table

### CHAMPION - \$5,000

- One table of ten at Brave Ball
- Special recognition from the stage
- Recognition on invitation, website, and program
- Premium wine at your table

### ADVOCATE - \$3,000

- One table of ten at Brave Ball
- Recognition on invitation, website, and program

### ALLY - \$1,000

- Seating for two at Brave Ball
- Recognition on website and program

### INDIVIDUAL TICKETS - \$250

### TABLES OF TEN - \$2,500



\*In-kind (noncash) support valued at \$5,000+ will receive sponsorship benefits at half the value. All in-kind donors will receive website and program recognition. Please discuss further details with Camden Means.

**Visit [braveballokc.com](http://braveballokc.com) to secure your sponsorship or learn more.**

Questions? Contact Camden Means,  
Director of Development & Communications  
405.236.2100 or [camden@carecenter-okc.org](mailto:camden@carecenter-okc.org).





**Sponsor Contact Information:**

COMPANY/DONOR NAME – FOR PRINT/RECOGNITION: *(As it should appear online and in print materials)*

CONTACT NAME:

ADDRESS:

TITLE:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

**Sponsorship Information:**

SPONSORSHIP LEVEL:

CASH OR IN-KIND DONATION:

SPONSORSHIP/DONATION AMOUNT:

IN-KIND DESCRIPTION AND VALUE:

**Payment Information:**

Check enclosed payable to  
"The CARE Center"

Check Number:  
\_\_\_\_\_

Please send me an invoice.

Pay via Credit Card

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

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

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

SIGNATURE:

DATE:

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

The CARE Center  
Attn: Camden Means  
1405 Ashton Place  
Oklahoma City, OK 73117  
Fed Tax ID#: 73-1393193