

7th Annual Gala Benefitting The CARE Center

# BRAVE BALL

March 25, 2023

## SPONSOR BRAVE BALL

### PRESENTING - \$50,000

- Two tables of ten at Brave Ball
- Recognition as Brave Ball Presenting Sponsor
- Special recognition from the stage
- Optional speaking opportunity from the stage
- Premier recognition on promotional materials
- Premium wine at your tables

### LIONHEART - \$30,000

- Two tables of ten at Brave Ball
- Special recognition from the stage
- Premier recognition on promotional materials
- Premium wine at your tables

### HERO - \$15,000

- One table of ten at Brave Ball
- Special recognition from the stage
- Premier recognition on promotional materials
- Premium wine at your table

### INDIVIDUAL TICKETS - \$250

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

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



### PROTECTOR - \$10,000

- One table of ten at Brave Ball
- Special recognition from the stage
- Premier recognition on promotional materials

### CHAMPION - \$5,000

- One table of ten at Brave Ball
- Special recognition from the stage
- Premier recognition on promotional materials

### ADVOCATE - \$3,000

- One table of ten at Brave Ball
- Premier recognition on promotional materials

### ALLY - \$1,000

- Seating for two at Brave Ball
- Premier recognition on promotional materials

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

\*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 The CARE Center.

7th Annual  
**BRAVE  
 BALL** 

**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: Brave Ball  
 1405 Ashton Place  
 Oklahoma City, OK 73117  
 Fed Tax ID#: 73-1393193