

HIS HOUSE CHILDREN'S HOME

PRESENTS

IMAGINE
Charity Gala

SPONSORSHIP PACKAGE



255 Biscayne Blvd. Way
Miami, FL 33131
Saturday, October 14, 2017 - 7:00 P.M.

SPONSORSHIP LEVELS

Title Sponsor **\$20,000**

- Full-Page advertising in Gala Program Book
- Complimentary valet parking
- Preferred Seating - 1 table of 10 for the Gala
- Corporate name included in all media releases

Foundation of Hope **\$10,000**

- Full-Page advertising in Gala Program Book
- Complimentary valet parking
- Preferred Seating - 1 table of 10 for the Gala

Architects of Love **\$5,000**

- Preferred Seating - 1 table of 10 for the Gala
- Half-Page advertising in Gala Program Book

Preferred Seating: \$3,000

Table for 10: \$2,000

Individual Tickets: \$ 200

In-Kind Sponsorship Opportunities

These sponsorships support the event by donating products or services.

In-Kind sponsors for the following services will receive 2 tickets to the event and a mention in the program:

- Entertainment
- Equipment
- Printing
- Decoration

CONTACT INFORMATION

HIS HOUSE CHILDREN'S HOME
20000 NW 47th Avenue
Hector Building No. 2
Miami Gardens, FL 33055

Tessa Boudreaux
(T) 305.430.0085, ext. 202



You will receive an acknowledgement of your tax-deductible gift. A copy of the official registration and financial information may be obtained from the Florida Division of Consumer Services by calling (800) 435-7352 toll-free within the state. Registration does not imply endorsement, approval, or recommendation by the state.



JW MARRIOTT
MARQUIS
M I A M I 

255 Biscayne Blvd. Way
Miami, FL 33131
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R E S P O N S E F O R M

- Yes, I would like to become a Gala Sponsor - Level of Sponsorship _____
- Yes, kindly reserve _____ table(s) at \$3,000 / \$2,000 (Circle One) for a total of: \$ _____
- I cannot attend, but enclosed is my contribution of \$ _____

GENERAL INFORMATION

Company Name _____

Table Host Name _____

Address _____

City, State, Zip _____

Email _____

Phone Number (____) _____ Other Phone Number (____) _____

CREDIT CARD INFORMATION

Name on Card _____

Card No. _____

Amex Visa Mastercard Security Code Expiration Date ____/____/____

Card Holder's Authorized Signature

Please make checks payable to: HIS HOUSE CHILDREN'S HOME

Mailing Address: HIS HOUSE CHILDREN'S HOME

Limited Individual
tickets available.
Please call
305.430.0085, ext. 202
www.hhch.org

20000 NW 47th Avenue, Hector Building No. 2
Miami Gardens, FL 33055

CODE: SE1017



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SILENT AUCTION

Item Description: _____

Fair Market Value: \$ _____

Expiration Date (if any): _____

Restrictions: _____

Company/Donor Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone Number (____) _____ Other Phone Number (____) _____

Donor Signature: _____

Trustee/Committee Member: _____

Responsible for Donation: _____

Pick-up/Delivery info.: _____



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FOR OFFICE USE ONLY: Item to be picked up: _____

ITEM NO. _____ Pick-up Date: _____



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ADVERTISING CONTRACT

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

All ads must be submitted only as a PDF or JPG File and in high resolution (Min. 300 DPI)
DEADLINE TO SUBMIT ARTWORK: SEPTEMBER 20TH BY 4:00 P.M.
Email to: tessa@hhch.org

PAGE SIZE	WIDTH X HEIGHT	COST
<input type="checkbox"/> Full Page	10" X 8"	\$500
<input type="checkbox"/> Half Page	5" X 8"	\$300
<input type="checkbox"/> Quarter Page	4" X 2.5"	\$200

Please make **check** payable to: HIS HOUSE CHILDREN'S HOME
Mailing Address: HIS HOUSE CHILDREN'S HOME
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Miami Gardens, FL 33055

CODE: SE1017