

HIS HOUSE CHILDREN'S HOME

PRESENTS

# IMAGINE

Charity Gala



SPONSORSHIP PACKAGE



255 Biscayne Blvd. Way  
Miami, FL 33131  
Saturday, November 3, 2018 - 7:00 P.M.

## SPONSORSHIP LEVELS

### Title Sponsor

**\$25,000**

#### In-Kind Sponsorship Opportunities

- 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

These sponsorships support the event by donating products or services.

### Michelangelo's Peacemakers

**\$15,000**

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

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

### Galileo's Champions of Hope

**\$10,000**

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

- Entertainment
- Equipment
- Printing
- Decoration

### Shakespeare's Poets of Faith

**\$5,000**

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

#### CONTACT INFORMATION

Preferred Seating:	\$3,250
Table for 10:	\$2,250
Individual Tickets:	\$ 225

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

David Castrillon  
(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.



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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 \$,250 / \$2,250 (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  
 20000 NW 47th Avenue, Hector Building No. 2  
 Miami Gardens, FL 33055

Limited Individual tickets available.  
 Please call 305.430.0085, ext. 202  
[www.hhch.org](http://www.hhch.org)

**CODE: SE1118**



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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: OCTOBER 20TH BY 4:00 P.M.  
Email to: [dcastrillon@hhch.org](mailto:dcastrillon@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

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