



VIRTUAL LUNCHEON
BENEFITING INTERFAITH FAMILY SERVICES
Friday, April 16th, 2021

UNDERWRITING CONTRACT DEADLINE IS
FRIDAY, MARCH 26th, 2021

Name of Individual or Company (PLEASE PRINT EXACTLY AS IT SHOULD APPEAR IN RECOGNITION)

Contact Name: _____ Date: _____

Phone: _____ Email: _____

*A unique link to the virtual event will be emailed to the address listed above.

Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

HOPE SPONSOR \$10,000

- Provides two homeless families with children housing, hope, and a hand-up out of poverty.
Receives Gather & Graze charcuterie board for ten (10), five (5) bottles of Rose Gold wine, and large Love Bud floral arrangement.
Recognition in virtual program, printed materials, webpage, and social media.
Link to virtual event video on April 16th.

HAND-UP SPONSOR \$2,500

- Provides a single parent with wage-elevating career training, professional clothing, and childcare.
Receives Gather & Graze charcuterie board for six (6), three (3) bottles of Rose Gold wine, and medium Love Bud floral arrangement.
Recognition in virtual program, printed materials, webpage.
Link to virtual event video on April 16th.

HOME SPONSOR \$5,000

- Provides one homeless family with children housing, hope, and a hand-up out of poverty.
Receives Gather & Graze charcuterie board for eight (8), four (4) bottles of Rose Gold wine, and large Love Bud floral arrangement.
Recognition in virtual program, printed materials, webpage, and social media.
Link to virtual event video on April 16th.

HELP SPONSOR \$1,000

- Provides rental and/or utility assistance to two low-income families with children to help them maintain their housing.
Receives Gather & Graze charcuterie board for four (4), two (2) bottles of Rose Gold wine, and small Love Bud floral arrangement.
Recognition in virtual program.
Link to virtual event video on April 16th.

Individual Ticket \$100

- Provides one homeless family with a week's worth of groceries.

I am unable to attend, but would like to make a donation in the amount of \$_____.

Check (Please make check payable to Interfaith Family Services) Credit Card (Complete below)
Card number: _____ Exp. Date: ____/____ Security Code: _____
Name on card: _____ Signature: _____ Date: _____