














## Sponsor Benefits

### Halfway to St. Patrick's Day

September 17, 2021



Sponsorship Benefits	Pot O' Gold	Emerald	Rainbow	Lucky Leprechaun	Shamrock	Clover
	\$10,000.00	\$5,000.00	\$2,500.00	\$1,000.00	\$500.00	\$250.00
Name/logo printed on event raffle ticket (Print deadline is July 13)						
Name/logo printed on event invite and photo backdrop at the event (Print deadline is July 13)						
Recognition on Facebook, Twitter, Instagram, and LinkedIn						
Name printed on t-shirts given out to guests at the event						
Name displayed on Project Harmony's website						
Name displayed on the "Be Someone" wall at Project Harmony						
Name featured on signage and video screens at the event						
Event tickets	12 tickets	10 tickets	8 tickets	6 tickets	4 tickets	2 tickets

**Sponsor deadline is August 27, except where noted otherwise. We will accept sponsorships after this date, but any sponsorships received after the deadline will unfortunately not be included on the printed materials.**



## Sponsorship Agreement

**Sponsor Deadline: August 27, 2021**

**Friday, September 17, 2021**  
6:30 p.m. — 10:30 p.m.  
Champions Run



**You may also complete this form online at [projectharmony.com/events/halfway-to-st-patricks-day](http://projectharmony.com/events/halfway-to-st-patricks-day).**

Contact Name:

\_\_\_\_\_

Sponsor/Company Name:

(as you would like to be acknowledged in print)

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone:

\_\_\_\_\_

☐ **\$10,000 Pot O' Gold Sponsor**

(tax deductible amount: \$9,400)

☐ **\$5,000 Emerald Sponsor**

(tax deductible amount: \$4,500)

☐ **\$2,500 Rainbow Sponsor**

(tax deductible amount: \$2,100)

☐ **\$1,000 Lucky Leprechaun Sponsor**

(tax deductible amount: \$700)

☐ **\$500 Shamrock Sponsor**

(tax deductible amount: \$300)

☐ **\$250 Clover Sponsor**

(tax deductible amount: \$150)

☐ Please accept my donation of \$ \_\_\_\_\_  
in lieu of a sponsorship.

### PAYMENT INFORMATION

**Bill Me:** \_\_\_\_\_ (date to be billed)

☐ **Check Enclosed** (payable to Project Harmony)

☐ **Credit Card** (Visa, Mastercard, AmEx, Discover)

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Billing Address** (if different from above):

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

☐ **This contribution is to remain anonymous.**

☐ **I do not want the benefits that come with my sponsorship.**

**Please return this form by August 27 (print deadline) to: Project Harmony, 11949 Q St, Omaha, NE 68137**

**Contact Lauren at [lpeterson@projectharmony.com](mailto:lpeterson@projectharmony.com) or 531-301-5035 with questions. Thank you for your support!**