



# Night of Hope

**April 11, 2024**

**Lionsgate Event Center**

1055 US-287 | Lafayette, CO 80026

Night of Hope is our signature fundraising event to build a healthier community by delivering services, support, and advocacy to children who have experienced trauma.




























**Keynote Speaker**

Michael Dougherty  
Boulder County District Attorney

**Presenting Sponsor**



# Sponsorship & Marketing Benefits

|  | Presenting<br>\$20,000  | Light of Hope<br>\$10,000   | Ray of Hope<br>\$5,000  | Beacon of Hope<br>\$2,500   | Glimmer of Hope<br>\$1,000  |
|--|---|---|---|---|---|
| Reserved VIP seats   | 2 tables<br>(16 seats)  | 1 table<br>(8 seats)  | 1 table<br>(8 seats)  | 1 table<br>(8 seats)  | 1 table<br>(8 seats)  |
| Business logo on digital signage at the event                                |    |    |    |  |  |
| Business logo and link on the event landing page                             |    |    |    |  |  |
| Business logo on event email blasts  |    |    |    |  |   |
| Company highlighted on social media pages (Facebook and Instagram)           |    |    |    |  |   |
| Ad in in the event program   | Full page   | 3/4 page  | 1/2 page  | 1/4 page  |   |
| Business signage displayed at the event                                      |   |   |   |   |   |
| Verbal recognition at the event  |  |  |  |   |   |
| Business mentioned in media releases   |  |  |   |   |   |
| Business mentioned in community calendar listings                            |  |   |   |   |   |
| Business logo featured on event advertisements (save the date, invite, etc.) |  |   |   |   |   |
| Speaking opportunity at the event  |  |   |   |   |   |

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Thank you for your support!

**Presenting Sponsor**



## Please indicate your level of support.

- Pre-Light of Hope | \$10,000 **SOLD OUT**  Light of Hope | \$10,000
- Ray of Hope | \$5,000  Beacon of Hope | \$2,500
- Glimmer of Hope | \$1,000

## Contact Information

Contact Name:

Company Name (as you would like it on printed materials):

Address:

City: State: Zip Code:

Phone: Email:

## Payment Information

- Check payable to CASA, Voices for Children  Please send an invoice  Credit card

Please charge my credit card in the amount of \$

Name on card:

Credit card number:

Expiration date: CVV:

## Questions?

Please contact our Development Officer, Jessica Schultz, at 303-495-5078 or [jessica@bouldervfc.org](mailto:jessica@bouldervfc.org) with any questions and more information.