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***State of Homelessness Address 2020 Sponsorship Benefits***

***This annual signature event, held on March 19, 2020, 9.30-11.30am, attracts about 350 attendees, and sponsoring it is a great way to show the community that you are committed to ending homelessness!***

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| --- | --- | --- | --- |
| ***Benefits*** | ***Presenting Sponsor $5,000*** | ***Supporting Sponsor $2,500*** | ***Event Sponsor******$500*** |
| Recognition as presenting sponsor | X |  |  |
| Two-minute speaking spot to highlight your commitment to ending homelessness | X |  |  |
| Logo or name recognition on MDHA website | X | X |  |
| Recognition on MDHA Facebook page | X | X |  |
| Recognition in MDHA newsletter, distributed to 5,500 subscribers | X | X |  |
| Logo or name recognition on event day signage | X | X | X |

*Fill out the attached form, and send it to David Gruber, Development and Communications Director, via email:* *David.Gruber@mdhadallas.org**, or via postal mail: 2816 Swiss Ave., Dallas, TX 75204. For questions, use the same email, or call 469-222-0047.*

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***State of Homelessness Address 2020 Sponsorship Opportunities***

**Step 1: Complete Contact Info**

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 2: Select Sponsorship Level**

\_\_\_ $5,000 – Presenting Sponsor \_\_\_ $2,500 – Supporting Sponsor \_\_\_ $500 – Event Sponsor

**Step 3: Review and Sign Payment Terms**

Payment will be made to MDHA in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_, by **Check** or **Credit Card** via MDHA website (Please circle one)

MDHA Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signature Date

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_