

THE REESE WARD FOUNDATION

TAX ID NUMBER :99-1258702



REESE WARD FOUNDATION GALA SPONSORSHIP FORM

Event Date: March 1ST, 2025

Location: Prestonwood Country Club, Cary, North Carolina

Beneficiaries: The Melanoma Research Foundation and St. Jude's Children's Research Hospital

Foundation Status: 501©3 Non-Profit Organization

Sponsorship Levels

Diamond Sponsor - \$50,000

- Seating for 12 Guests
- Name/Logo on Event Website
- Name/Logo on all Printed Marketing Materials

Platinum Sponsor - \$25,000

- Seating for 10 Guests
- Name/Logo on Event Website
- Name/Logo on all Printed Marketing Materials

Gold Sponsor - \$10,000

- Seating for 8 Guests
- Name/Logo on Event Website
- Name/Logo on all Printed Marketing Materials

Silver Sponsor - \$5,000

- Seating for 6 Guests
- Name/Logo on Event Website
- Name/Logo on all Printed Marketing Materials

Bronze Sponsor - \$2,500

- Seating for 4 Guests
- Name/Logo on Event Website
- Name/Logo on all Printed Marketing Materials

Table - \$2,500

- Enjoy the Event with your Friends, Family or Colleagues by Purchasing a Table for 10
- Includes Seating for your Group to Ensure you can Enjoy Dinner, Drinks and all the Festivities Together

Friends of Reese - \$1,000

- The "Friends of Reese" Ticket Offers an Opportunity to Make an Extra Donation to Charity While Attending the Event. Entitles You to a "Free" Hug from Carol, Kyle or Cayenne.
- It's a Fun Way to Give a Little More and Share in the Warmth and Love that Reese Embodied with his "Bear Hugs"

Individual Ticket - \$250

- Grants you Access to a Wonderful Evening of Dinner, Drinks, Dancing and a Live Auction

EVERY TICKET HELPS TO MAKE A DIFFERENCE IN THE FIGHT AGAINST CANCER!



Sponsorship Information

Company/Individual Name: _____ **Contact Person:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Email:** _____
Donation Year for Tax Deduction: __ 2024 __ 2025

Methods of Payment-

Check: Please make checks payable to the Reese Ward Foundation, Inc.

Credit Card:

- Visa
- MasterCard
- AMEX
- Discover
- Yes, I want 100% of my gift to go the Reese Ward Foundation, Inc. Please increase my credit card donation by 3% to offset all credit card fees.

Card Number: _____
Expiration: _____
CVV: _____

Donate an Auction Item-

Description of Donation: _____
Value of Item (Required by IRS): _____

Restrictions:

Expiration Date: ____ / ____ / ____

Gratuity: __ Included __ Not Included **Tax:** __ Included __ Not Included

Certificate: __ Provided by Donor __ Please Create a Certificate

Other Restrictions: _____

Make a Donation-

Donation Amount \$ _____
Company/Individual Name: _____ **Contact Person:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Email:** _____

Additional Information

Mail To – Reese Ward Foundation, Inc.
1000 Darrington Drive, Suite 105
Cary, North Carolina 27513

Email To - Kyle Ward kyle@wardson.com
Logan Ward loganward1992@gmail.com

