

Sponsor/Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Total Sponsorship Amount \$ _____ Payment Method: Credit Card Check Online Bill Me

Credit Card Number _____ Exp _____ CVV _____ Billing Zip _____

Name on Card _____ Signature _____



Return this form in the enclosed envelope to Care Net Pregnancy Services of NKY, PO Box 17688, Covington, KY 41017. Make checks payable to Care Net Pregnancy Services of Northern Kentucky. To pay online, go to carenetky.org/sponsorship or scan the code **and contact Joy Tarleton** at 859-431-9178, ext. 2648, or directorofdevelopment@carenetky.org to let her know to watch for it.



**LEND a HAND
HELP a HEART**



Pregnancy Services of Northern Kentucky

YES! I'm Happy to Lend a Hand

Please indicate your sponsorship level below, complete the back and return by mail in the enclosed envelope to Care Net. Questions? Contact Joy Tarleton at 859-431-9178, ext. 2648, or directorofdevelopment@carenetky.org.

Annual Banquet Sponsor

- Culture of Life Partner \$10,000
- Ultrasound Partner \$5,000
- Education Partner \$2,000
- Mentor Partner \$1,000

Golf "Fore" Fathers Sponsor

- Ace Sponsor \$10,000
- Eagle Sponsor \$5,000
- Birdie Sponsor \$2,000
- Par Sponsor \$1,000
- Lunch or Dinner Sponsor \$750
- Snack/Beverage Cart Sponsor \$500
- Game Sponsor \$500
- Hole Sponsor \$250

Sponsor Recognition & Publicity

- I have enclosed my logo to be scanned.
- I will email my hi-resolution logo to developmentassistant@carenetky.org
- I am not submitting a logo. Use my sponsor name.
- I request my sponsorship be anonymous.