

We trust you will find great satisfaction in knowing your support will help Epilepsy Alliance Florida achieve its goals to directly serve individuals living with epilepsy in our Florida communities.

Benefits	EXCLUSIVE STATEWIDE	NORTH SOUTH	PER COUNTY			
	Presenting \$75,000	Tri-County \$35,000	Title \$25,000	Gold \$10,000*	Silver \$5,000	Bronze \$2,500
• Event presenter	✓	✓	✓			
• Exclusive Sponsor of Dedicated Area (i.e. Kids Zone, Inflatable Brain Exhibit)		✓	✓			
• Annual right of first refusal						
• Named sponsor on all broadcast media (whenever possible), 30 second video advertisement, on-stage remarks	✓	✓				
• Press releases, event programs, and all event digital collateral inclusion	✓	✓	✓			
• Annual right of first refusal						
• Logo recognition on route event signs	✓	✓	✓			
• Opportunity to display company banner	✓	✓	✓	✓		
• Statewide recognition via Epilepsy Alliance Florida marketing campaigns	✓	✓	✓	✓		
• Social media mentions	✓	✓	✓	✓		
• On-stage/online recognition during the events	✓	✓	✓	✓	✓	
• Company name prominently featured in promotional material, t-shirts, and signage with a logo at different areas around the event.	✓	✓	✓	✓	✓	✓
• Vendor table and chairs (with the tent when outdoors) with the opportunity to showcase products.	✓	✓	✓	✓	✓	✓

In order to be included on printed material commitments must be made by _____

Benefits might differ based on location. If an in-person event is not feasible, equivalent advantages will be provided. Safety remains our top concern. Major contributors of goods and services will receive special sponsorship acknowledgment, contingent on the donation's monetary value, which includes sponsorship for refreshments.

*Benefit is subject to print deadlines

SPONSORSHIP IMPACT

at a glance

We trust you will find great satisfaction in knowing your support will help Epilepsy Alliance Florida achieve its goals to directly serve individuals living with epilepsy in our Florida communities.

Thank you for sponsoring! Your partnership allows us to empower every Floridian impacted by epilepsy, offering comprehensive support and community services to ensure the most fulfilled and productive life possible.

CONTACT:

Business: _____
(Exactly as you would like it to appear)

Name: _____

Address: _____

Email: _____
 Sign me up to receive important email updates

Phone: _____

Select a level:

<input type="checkbox"/>	PRESENTING STATEWIDE \$75,000	<input type="checkbox"/>	GOLD SPONSOR \$10,000
<input type="checkbox"/>	TRI-COUNTY SPONSOR \$35,000	<input type="checkbox"/>	SILVER SPONSOR \$5,000
<input type="checkbox"/>	TITLE SPONSOR \$25,000	<input type="checkbox"/>	BRONZE SPONSOR \$2,500

WAYS TO GIVE:

I've enclosed a check # _____

I donated online at epilepsyalliancefl.org/donate

Provided credit card details

Sponsorship Amount: \$ _____

Credit Card #: _____

Zipcode: _____

Exp: _____ CVC: _____

Signature: _____

Mail Checks to:

7300 N. KENDALL DRIVE,
SUITE 760
MIAMI, FL. 33156