



September 29, 2022

YES, I/WE PLEDGE OUR SUPPORT AT THE FOLLOWING LEVEL:



LEAD SPONSOR (\$10,000)

- **All benefits of the \$5,000 Presenting Sponsor Level**
 - Onsite branding
 - Verbal recognition by CEO during welcome address
 - \$2,500 of the commitment will be designated towards a Scholarship Fund for Pastors
 - Up to 20 complimentary tickets to CIFT Ministry Conference
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PRESENTING SPONSOR (\$5,000)

- **All benefits of the \$2,500 Event Sponsor Level**
 - Inclusion in all media outreach
 - \$1,000 of the commitment will be designated towards a Scholarship Fund for Pastors
 - Up to 10 complimentary tickets to CIFT Ministry Conference
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EVENT SPONSOR (\$2,500)

- **All benefits of the \$1,000 Supporting Sponsor Level**
 - Separate social media acknowledgement posting
 - \$500 of the commitment will be designated towards a Scholarship Fund for Pastors
 - Up to 8 complimentary tickets to CIFT Ministry Conference
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SUPPORTING SPONSOR (\$1,000)

- **All benefits of the \$500 Sponsor Level**
 - \$250 of the commitment will be designated towards a Scholarship Fund for Pastors
 - Featured logo on website, program, and event signage (television loop)
 - Up to 5 complimentary tickets to CIFT Ministry Conference
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SPONSOR (\$500)

- Name on electronic invitations (1,000+ people) - *pending date of sponsorship confirmation*
- Exposure on website, online and through traditional and social media outlets
- Opportunity to put product sample(s) in goodie bag
- Photo opportunities
- Up to 3 complimentary tickets to CIFT Ministry Conference



CIFT MINISTRY CONFERENCE
SPONSORSHIP OPPORTUNITIES

September 29, 2022

I/WE CANNOT ATTEND, BUT WISH TO MAKE A FULLY TAX-DEDUCTIBLE

CONTRIBUTION OF: \$ _____.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

PAYMENT OPTIONS:

ENCLOSED IS MY CHECK FOR \$ _____

Make checks payable to the Center for Individual and Family Therapy

PLEASE CHARGE: \$ _____ TO MY: AMERICAN EXPRESS VISA MASTERCARD

ACCOUNT #: _____ EXPIRATION DATE: _____ / _____ CVV: _____

CARDHOLDER BILLING ADDRESS: _____

CARDHOLDER BILLING CITY: _____ STATE: _____ ZIP: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

PLEASE SEND TO ME AN ELECTRONICALLY ENCRYPTED CREDIT CARD LINK

** Your contribution is limited to the amount in excess of the fair market value of the breakfast and lunch, which is \$15.00 per person.*

DEADLINE FOR ALL SPONSORSHIP OPPORTUNITIES: SEPTEMBER 15, 2022.

FOR MORE INFORMATION CONTACT:

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