



14<sup>th</sup> Biennial  
*Harvest of Hope Banquet*  
April 11, 2019  
Solomon P. Ortiz International Center

**Sponsorship Opportunities**

**Platinum Sponsor --\$15,000**

3 reserved tables of 10 and 30 drink tickets  
Premium seating at event  
Logo/name placement in printed materials  
Recognition in event program and company banner displayed  
Company advertisement on website for 6 months

**Solid Gold Sponsor --\$10,000**

2 reserved tables of 10 and 20 drink tickets  
Premium seating at event  
Logo/name placement in printed materials  
Recognition in event program and at event  
Your company banner will be displayed at event  
Company advertisement on website for 3 months

**Gold Sponsor --\$7,500**

1 reserved table of 10  
Premium seating at event  
Logo/name placement in printed materials  
Recognition in event program and at event  
Your company banner will be displayed at event

**Silver Sponsor --\$5,000**

1 reserved table of 10  
Special seating at event  
Logo/name placement in printed materials and event program

**Bronze Sponsor --\$2,500**

1 reserved table of 10  
Logo/name placement in printed materials and event program

**Table Sponsor --\$1,500**

1 reserved table of 10  
Name in event program

**Individual Tickets --\$100.00**

**Donation --\$**

As a 501(c)3 organization, contributions to the Coastal Bend Food Bank are tax deductible in accordance to the regulations of the IRS.

RETURN FORM TO:  
Coastal Bend Food Bank  
826 Krill Street  
Corpus Christi, Texas 78408

Return Form no later than  
March 28, 2019 to be included  
in the program.

For more information, contact  
Gloria Caceres at 361-850-9966  
or via email at  
gloria@alvarezconsultants.com



## Sponsorship Opportunities

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

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

### **Method of Payment:**

**Please select your preferred payment method:**

\_\_\_\_\_ Credit Card                      \_\_\_\_\_ Check                      \_\_\_\_\_ Please Invoice

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_ Cardholder Name \_\_\_\_\_

**Thank you for becoming a sponsor of the Coastal Bend Food Bank Harvest of Hope.  
Please return this completed from with payment.**

**Email to [gloria@alvarezconsultants.com](mailto:gloria@alvarezconsultants.com)**

### **Mail to:**

*Coastal Bend Food Bank  
826 Krill Street  
Corpus Christi, TX 78408  
Phone #: (361) 887-6291  
Fax #: (361) 887-7687*