

# Sponsorship Opportunities



Gala - Thursday, October 5, 2023 at 5:30pm

Purchase tickets & sponsorships online at  
[www.BrowardLegalAid.org/21st-annual-for-the-public-good-gala](http://www.BrowardLegalAid.org/21st-annual-for-the-public-good-gala)

Sponsorship Benefits	Diamond \$15,000	Gold \$10,000	Silver \$5,000	Bronze \$ 2,500	Patron \$1,500	Supporter \$600
Exclusive Title Sponsor						
Signature Table	2	1	1	1		
Tickets	24	10	10	10	6	2
Recognition in all event marketing						
Ad in event program	Full page	Full page	Full page	½ page	¼ page	
Recognition in event program						
Recognition on "Top Sponsors" webpage						
Recognition on event signage						
Remarks as the presenting sponsor						
Your video or logo featured in event media presentation	30 seconds	20 seconds				
Tickets to VIP party	24	10	5	2		

For more information, email [jahren@legallaid.org](mailto:jahren@legallaid.org) or call (239) 298-8130.

LAS (#SC-02337) and CCLA (#CHI9226) are 501(c)(3) corporations registered with the Florida Department of Agriculture & Consumer services. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free 1-800-435-7352 within the state or visiting [www.freshfromflorida.com](http://www.freshfromflorida.com). Registration does not imply endorsement, approval or recommendation by the State. CCLA is a Legal Services Corporation (LSC) grantee. CCLA is required to notify donors that our funds may not be used in any manner inconsistent with the Legal Services Corporation Act or Section 504 of Public Law 104-134. The LSC Act and regulations may be viewed at [www.lsc.gov](http://www.lsc.gov). All donations are tax deductible to the extent allowed by law.

# Sponsorship Agreement

Gala - Thursday, October 5, 2023 at 5:30pm  
Signature Grand, 6900 W. State Road 84, Davie, FL 33317



Mail paper form to:  
Legal Aid Service of Broward County, Inc.  
Att: Development  
491 N. State Rd. 7, Plantation, FL 33317

Company Name: (As you'd like printed)

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Contact Name: (First, last & title)

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Mailing Address:

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

## Select a Partnership Opportunity

- Diamond - \$15,000
- Gold - \$10,000
- Silver - \$5,000
- Bronze - \$2,500
- Patron - \$1,500
- Supporter - \$600
- Other \$ \_\_\_\_\_ (Please indicate amount)

Cash     Check (Make check payable to: Legal Aid Service of Broward County, Inc.  
Mail to: LASCC Att: Development, 491 N. State Rd. 7, Plantation, FL 33317 )

AMEX     VISA     MC     DISCOVER



Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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