



Thrive 2024 Breakfast

Brightpoint
Strong Families • Thriving Children

Sponsorship Form

6 AM - 8 AM

12

JUNE

THRIVE BREAKFAST

10 BRICKYARD DRIVE
BLOOMINGTON, IL

On Wednesday, June 12th, Brightpoint's Central Region will be hosting the complementary breakfast. Our goal is to bring together our community's most influential businesses, community leaders, and corporate partners. Together we will celebrate the success that is achieved when our generous community supports Brightpoint's mission.

Schedule of Events:

- Networking Reception - 6:00 AM
- Breakfast & Program - 7:00 AM - 8:00 AM

Event Sponsor Benefits:

Platinum Sponsor | \$5,000

- Premier Seating with three tables of nine
- Your company logo and web link on event website, pre-event communications and on-site materials (program, signage)
- Verbal recognition from stage
- Company recognition in Brightpoint social media postings

Gold Sponsor | \$2,500

- Prime Seating with two tables of nine
- Your company logo on website, pre-event communications, on-site printed materials (program, signage)
- Verbal recognition from stage

Silver Sponsor | \$1,000

- One reserved table of nine
- Your company name on website, pre-event communications, on-site printed materials (program, signage) Verbal recognition from stage
- Verbal recognition from stage

Bronze Sponsor | \$500

- Your company name and web link on event website, pre-event communications and on-site materials (program, signage)
- Verbal recognition from stage

Select your sponsorship level:

- | | | | |
|---|----------|---|---------|
| <input type="checkbox"/> Platinum Sponsor | \$5,000 | <input type="checkbox"/> Silver Sponsor | \$1,000 |
| <input type="checkbox"/> Gold Sponsor | \$2,500 | <input type="checkbox"/> Bronze Sponsor | \$500 |
| <input type="checkbox"/> Other Amount | \$ _____ | | |

CONTACT INFO

Name: _____

Company: _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone _____ Email: _____

How would you/your company like to be listed in our printed materials?

PAYMENT OPTIONS

Enclosed is a check made payable to **Brightpoint**.

Please charge my credit card

Card Number: _____

Expiration Date _____ Sec. Code _____

Please invoice me

Return this form to:

Brightpoint c/o Laura Cordero 403 S. State St. Bloomington, IL 61701

Via Email: lcordero@brightpoint.org

Please provide a high resolution company logo for print materials

E.I.N. #36-2167743 Children's Home & Aid Society of Illinois DBA Brightpoint

