



**2010 Horizons Roast & Toast
Honoring
Wendell and Martha Franklin
April 17, 2010**

THANK YOU FOR YOUR SUPPORT

Company or Individual Name(s) (As it will appear on table listing and on printed material):

Contact Person: -----

Phone: ----- **Fax:** ----- **Cell:** -----

Address: -----

E-Mail Address: -----

★ **GRILLMASTERS "Always Well Done" Sponsorship** **\$10,000**

- * Sponsor name and logo prominently displayed on all printed materials
- * Prominent sponsor recognition at event, Horizons newsletter & website
- * Sponsor name included in Virginian Pilot post-event ad
- * Premium full page ad in gala program
- * Table for 10, VIP priority seating at gala
- * One (1) Marriott deluxe hotel room on evening of gala

★ **RED HOT EMBERS " All Fired Up" Sponsorship** **\$5,000**

- * Sponsor name and logo on all printed materials
- * Prominent sponsor recognition at event, Horizons newsletter & website
- * Sponsor name included in Virginian Pilot post-event ad
- * Full page ad in gala program
- * Table for 10, VIP preferred seating at gala

★ **FIRE STARTERS "Raring to Go" Sponsorship** **\$2,500**

- * Sponsor recognition at event, Horizons newsletter & website
- * Sponsor name included in Virginian Pilot post-event ad
- * Half page ad in gala program
- * Table for 10, VIP seating at gala

★ **INDIVIDUAL SEATS: Reserve ___ seats @ \$200 each** **\$_____**

- * Individual reservations' table seating and location are assigned by Event Committee.

TOTAL AMOUNT ENCLOSED: **\$_____**

For additional information please contact Sarah Krapf

Office: (757) 412-0249 (ext 2)

Email: sarah@HorizonsHamptonRoads.org

Fax: (757) 412-0249

Please see next page for additional information.

PAYMENT:

★ Payment must be received before APRIL 1, 2010 for each sponsorship.

★ Enclosed is my check or money order in the amount of \$ _____
Please make checks payable to **Horizons Hampton Roads**

★ Please charge the below credit card in the amount of \$ _____
_____ VISA _____ MasterCard _____ American Express _____ Discover

Signature: _____

Name as shown on card: _____

Credit card #: _____

3-4 digit security code: _____ Expiration: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

IF PAYING BY CHECK, PLEASE FILL OUT THIS FORM AND MAIL WITH PAYMENT TO:

**HORIZONS ROAST & TOAST GALA * C/O SARAH KRAPF
628 BLACKWATER ROAD * CHESAPEAKE, VA 23322**

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THIS FORM AND FAX TO:

SARAH KRAPF at (757) 412-0249

GUESTS AT YOUR TABLE:

Please list names, addresses, and emails of your guests as soon as possible, and fax or email to Sarah Krapf so that we can mail invitations to your guests. Invitations will not be mailed after APRIL 1, 2010.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

For additional information please contact Sarah Krapf

Office: (757) 412-0249 (ext 2)

Email: sarah@HorizonsHamptonRoads.org

Fax: (757) 412-0249