



Southern Arizona Law Enforcement Foundation
UNSUNG HEROES
 AWARDS CELEBRATION
 JANUARY 8, 2020 U of A Hall of Champions



Sponsor Agreement

Sponsor Contact Name: _____ Sponsor Company Name: _____
 Address: _____
 City: _____ ST _____ Zip _____
 Email: _____ Phone: _____

Sponsorship Levels & Benefits

_____ **Platinum Sponsor** \$1,000. 6 tickets to Unsung Heroes Awards Celebration at U of A McKale Center - Hall of Champions. Event begins at 5:30pm.
 *Food/host drinks. Heavy hors' devours, dessert and host bar. *Parking vouchers for free parking at Cherry Ave. garage provided for up to 6 (Cherry garage located next to McKale Center/Hall of Champions). *Meet & Greet the Unsung Honorees. *You will receive verbal recognition of your support during the awards ceremony.
 *Scrolling logo on screen during awards presentation. *Logo/link recognition on SALEF Unsung Heroes website, social media and e-newsletter. *Full page ad in Honoree program (artwork due 12/20/19. Ad specs attached). Event Attire: Business/Suit Tie

_____ **Silver Sponsor** \$500. 2 tickets to Unsung Heroes Awards Celebration at U of A McKale Center - Hall of Champions. Event begins at 5:30pm.
 *Food/host drinks. Heavy hors' devours, dessert and host bar. *Parking vouchers for free parking at Cherry Ave. garage provided for up to 2 (Cherry garage located next to McKale Center/Hall of Champions). *Meet & Greet the Unsung Honorees. *You will receive verbal recognition of your support during the awards ceremony.
 *Scrolling logo on screen during awards presentation. *Company logo recognition on SALEF Unsung Heroes website, social media and e-newsletter. *Company listing in Honoree program. Event Attire: Business/Suit Tie

TOTAL \$ _____

Guest Names & Contact Information (Platinum 6 Guests, Silver 2 Guests)

Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____

Payment Information **Please Invoice Me.** Sponsor benefits begin once payment in full is received.

Credit Card Payment:

Name on Card: _____
 Card Number: _____
 Exp: _____ CCV (3 or 4 digit code): _____ Billing Zip: _____
 Authorized Signature: _____ Date: _____

Make Checks/Mail to: **SALEF** 7660 E. Broadway Blvd #205 Tucson, AZ 85710.

Sponsor benefits begin once payment in full is received.

Questions? Contact: Bonnie at (520)207-2878 or bonnie@soazlef.org.