

**COMMUNITY PARTNERS  
OF SOUTH FLORIDA**



**40 years rooted in  
Home, Health, & Hope  
1986-2026**

**40th Anniversary  
Celebration Luncheon  
April 10, 2026**

## **Sponsorship Opportunities**

### **Hope Level**

**\$10,000**

- Recognition and Speaking Opportunity for Representative
- VIP premier seating for table of ten guests at luncheon
- Donor recognition on all print materials
- Donor recognition on CPSFL website page
- Recognition in event media releases, local media promotions, & social media - Featured sponsor for podcast series
- Recognition and signage at event

### **Home Level**

**\$5,000**

- 6 Tickets to Luncheon
- VIP Premier Seating
- Donor recognition in video and printed program
- Recognition and signage

### **Health Level**

**\$2,500**

- 4 Tickets to Luncheon
- VIP Premier Seating
- Donor recognition in video and printed program
- Recognition and signage

# Sponsorship Commitment Form

SPONSOR NAME: \_\_\_\_\_

Please indicate on the line above EXACTLY how you would like your name or organization's name to appear on the sponsor event signage and in the audio-visual presentation.

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

Company/Organization \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

We DO \_\_\_\_\_ DO NOT \_\_\_\_\_ wish to have our organization's name listed on the Website \_\_\_\_\_

Check enclosed Payable to **Community Partners of South Florida**

Please charge my credit card: Visa \_\_\_\_\_ MC \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_

Name on the card \_\_\_\_\_

Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing address \_\_\_\_\_

Billing Phone Number \_\_\_\_\_

Please mail the form and check to:

**Attention:**

**Amy Brand, VP of Advancement**

**Community Partners of South Florida**

**2001 W. Blue Heron Boulevard, Riviera Beach, FL 33404**

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**HOPE LEVEL \$10,000**

**HOME LEVEL \$5,000**

**HEALTH LEVEL \$2,500**

**TABLE SPONSOR (10 seats) \$2,000**

**INDIVIDUAL TICKETS \$200**