

**3RD ANNUAL
WITCHES, GHOULS & BREWS**

HALLOWEEN CASINO NIGHT

**October 26, 2018 | Casino 7 PM - 10 PM Dance Party 10 PM - 12 AM
Amigoland Event Center**

Friendship of Women, Inc. would like to extend the opportunity for you to partner with us as we work to enhance the safety and well-being of our community. Our organization aims to provide leadership and comprehensive services to empower and promote the safety, health, and the overall well-being of adults and children impacted by family violence and sexual assault. Our 3rd Annual Witches, Ghouls & Brews Charity Party will feature a Casino Night. Please consider partnering with us to sponsor this event.

SPONSORSHIP OPPORTUNITIES

THE WITCHES' ACE

\$500



EXCLUSIVE SPONSOR OF GAMING TABLE



4 Event Tickets. Your company name and information will be exhibited on gaming table with your business cards. Your name will be included on event page with a link to your organization/business. This option is limited.

THE KING'S GHOULS

\$350



CO-SPONSOR OF GAMING TABLE



3 Event Tickets. Your company name will be exhibited on a gaming table with your business cards. The co-sponsor option means that you will share this table with other sponsors.

THE QUEEN'S BREWS

\$250



2 Event Tickets. Your company name will be exhibited on a prize table.



THE JACK'S GOBLINS

\$150



\$300 starter playing chips



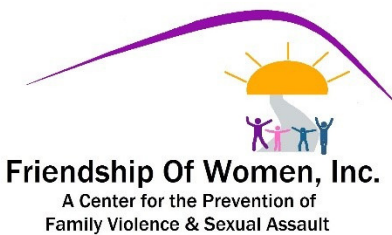
All sponsors will be recognized throughout the event, on our webpage, and on social media.

Please contact Gloria Ocampo to reserve your sponsorship at ceo@fowinc.com or at 956-544-7412.

P.O. Box 3112 Brownsville, Texas 78523 | Office: 956-544-7412 | Fax: 956-541-7676

Tax ID: 1-74-2209659





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HALLOWEEN CASINO NIGHT

Sponsorship Commitment Form

Thank you for supporting the **3RD ANNUAL WITCHES, GHOULS & BREWS HALLOWEEN CASINO NIGHT** Charity Party. As a Sponsor, you are entitled to the benefits listed on the previous page.

Please Check Your Sponsorship Level:

\$500 THE WITCHES' ACE

\$350 THE KING'S GHOULS

\$250 THE QUEEN'S BREWS

\$150 THE JACK'S GOBLINS

Completing the information below will ensure that you are correctly listed on all of our event publications.

Contact Name (Please Print): _____

Name to Appear on Event Materials: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Phone: () _____ Fax: () _____

Email: _____

SIGN HERE

Representative Signature: _____

Date: _____

Payment Method: Credit Card Check Enclosed (Please make check payable to Friendship of Women, Inc.)

Credit Card #: _____ Expiration Date: _____

Visa Master Card American Express CVV#: _____ Billing Zip Code: _____

Signature to authorize charges committed above: _____

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