



Dear Ally,

Every year, Friendship of Women achieves its mission by providing leadership and comprehensive services that empower and promote safety, health, and the overall well-being of adults and children impacted by family and sexual assault. Our commitment is rooted in creating social change through advocacy, education, prevention, and provides a safe home for victims and their families.

October is observed as National Domestic Violence Awareness & Prevention Month (DVAPM). In light of the health pandemic, FOW will host another year of virtual events throughout the month of October. Our online events will consist of social media outreach, a panel discussion, and healing with the community through the “Remember My Name” vigil. Our goal remains the same, to bring the community together, build healthy relationships, remember the lives of those who have passed away, and celebrate the lives and strengths of survivors.

Thank you for supporting Friendship of Women, Inc.

A 501 (c) (3) public charity founded in 1977

Tax ID:1-74-2209659

Checks may be mailed to: Friendship of Women, Inc.

Attn: DVAPM 2021

P.O. Box 3112

Brownsville, TX 78523

Friendship of Women, Inc.

Domestic Violence Awareness & Prevention Month

Registration Form

Become an Event Sponsor \$100

Includes sponsoring recognition and partnership.

What you get in return:

- Social Media Recognition on Facebook (3,800+ followers), Twitter (100+ followers) and Instagram (185+ followers). Total Reach of 4,000+
- Recognition on Friendship of Women, Inc Website www.fowinc.com. Approximately 4,800 visit views per month.
- Honorable mentions before, during, and after DVAPM virtual events.

Sponsorship Agreement

YES, we would like to sponsor and be part of the movement and road to a Healthier Community!

No, we cannot become a sponsor, but please accept our monetary donation of:

Donation Enclosed: \$_____

Organization/Business Name: _____

Address: _____

Contact Name: _____ Phone: _____

Email Address: _____

Representative Signature: _____ Date: _____

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Payment Method:

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

Credit Card# _____ Expiration Date: _____

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

Signature to authorize charges committed above: _____

This completed form can be emailed to ceo@fowinc.com

Please email your business logo to communityed@fowinc.com by Sept. 30 to ensure you are included in the event social media publications mentioned above throughout the month.