



2024 Autumn Garden Party

BENEFITING DONATE LIFE CONNECTICUT

Thursday, October 17, 2024 • 6:00 PM | Wadsworth Mansion, Middletown, CT

SPONSORSHIP OPPORTUNITIES

SUNFLOWER - \$15,000

- 20 Tickets
- Verbal recognition at event
- Visual/logo recognition at event
- Logo included in all promotional materials
- Logo on website
- One email highlighting your support
- Two social media posts

DAHLIA - \$10,000

- 15 Tickets
- Verbal recognition at event
- Visual/logo recognition at event
- Logo on website
- Logo included in all promotional materials
- One social media post

MARIGOLD - \$5,000

- 10 Tickets
- Verbal recognition at event
- Visual/logo recognition at event
- Logo on website
- One social media post

FORGET-ME-NOT - \$1,500

- 5 Tickets
- Visual/logo recognition at event
- Logo on website

HONORARIUMS AND MEMORIALS

HONORARIUM - \$100 - \$500

Honor someone special who has supported the cause of organ donation. Make a gift between \$100 - \$500 and your honoree will be recognized in the Luminary Room at the event.

MEMORIAL - \$100 - \$500

Make a donation in memory of someone special who has supported the cause of organ donation. Make a gift between \$100 - \$500 and your loved one will be recognized in the Luminary Room at the event.

DONATIONS

I/We regretfully cannot attend, but would like to make a contribution of \$ _____ to maximize Donate Life Connecticut resources to aid it's efforts in increasing awareness surrounding organ donation and increasing the number of registered donors.



Connecticut

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Please Reply by August 31, 2024

COMMITMENT FORM

SPONSORSHIP LEVEL

- Sunflower: \$15,000
- Dahlia: \$10,000
- Marigold: \$5,000
- Forget-Me-Not: \$1,500

HONORARIUM/MEMORIAL (\$100 - \$500)

Donation Amount: _____

In Honor of: _____

In Memory of: _____

CONTACT INFORMATION

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone & Email: _____

Additional Contact: _____

Phone & Email: _____

PAYMENT METHOD

VENMO: @donatelifect

CHECK: Make payable and mail to: Donate Life Connecticut, PO Box 304, Andover, CT 06232

CREDIT CARD: AmEx MasterCard Visa

Name on Card: _____ Amount: _____

Card #: _____

Expiration Date: _____ CVV: _____

Signature required for credit card: _____

PAYMENT & FORM CAN ALSO BE COMPLETED ON OUR WEBSITE: www.donatelifect.org

FOR FURTHER INFORMATION, PLEASE CONTACT:

Lindsay Vigue, Executive Director • 203-626-4237 • dlct@donatelifect.org