



Community Health &
Research Center

**“Thriving Strong”
Domestic Violence Awareness and Treatment Program
8th Annual Fundraising Banquet**

**Friday, March 7, 2014 6 - 9 p.m.
The Dearborn Inn, 20301 Oakwood Blvd, Dearborn, MI 48124**

Thank you for your generous sponsorship, which will allow our program to change the lives of the hundreds of women and thousands of children we serve who are victims of domestic violence. Our mission is to provide direct services to victims of domestic violence to protect, support and empower them on their road to a better life. We assist survivors of domestic crime by providing a safe environment, legal assistance and counseling so they can stabilize their lives and live without fear. Proceeds from this year’s dinner help real families with real children who have real stories – so they can lead real lives.

SPONSORSHIP LEVELS

- \$5,000 Benefactor** – 20 guests; special mention by emcee; premiere recognition at event; recognition on Sustainers’ Wall, VIP Reception*
- \$3,000 Patron** – 15 guests; prominent recognition at event; recognition on Sustainers’ Wall, VIP Reception*
- \$2,000 Supporter** – 10 guests; recognition at event; recognition on Sustainers’ Wall, VIP Reception*

TICKETS OR TABLES ONLY

- Individual Tickets: _____ @ \$50/ticket
- Individual Tickets: _____ @ \$100/ticket, VIP Reception*
- Individual Tickets: _____ @ \$150/ticket, VIP Reception* and Recognition at event
- Community Host: _____ @ \$750/Table (10 guests) VIP Reception* and Recognition at event

General Donations

Though I am unable to sponsor this year’s Dinner, I would still like to support our community members in need.

- Donation: \$_____

***VIP Reception at 5:30 p.m.**

Return this form with payment in the enclosed envelope no later than February 20, 2014.

If you have any questions about the event, please contact **Juvaria Javid:**

(313) 624-0409 or jjavid@accesscommunity.org

Contact Information:

Organization Name: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

Method of Payment

- Check enclosed (payable to ACCESS CHRC Domestic Violence Program)

- Credit card** Visa Mastercard American Express Discover

Account Number: _____ Expiration Date: _____

Cardholder’s Name: _____ Cardholder’s Signature: _____