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# Point Richmond Fall Fest 2023

## Sponsorship Opportunities & Recognition

<b>Sponsorship Benefits</b>	<b>Premier \$2,500</b>	<b>Partner \$1,000</b>	<b>Associate \$500</b>	<b>Supporter \$250</b>
Listing in Fall Fest marketing materials and communications.	✓	✓	✓	✓
Name, logo placement and link to company website in PointRichmondBusiness.com and Fall Fest websites.	✓	✓	✓	✓
Included in Press Releases shared with local media	✓	✓	✓	✓
Logo included on Fall Fest T-shirt	✓	✓	✓	✓
Prominent logo placement in all Fall Fest marketing materials and communications, including large outdoor banner at stage area.	✓	✓	✓	
Advertising in PRBA Print Collateral (Postcards and Flyers posted around town)	✓	✓	✓	✓
Promotion for business in PRBA eMail blasts and Social Channels	✓ x3	✓ x2	✓ x2	
Option for PRBA to host a Mixer/Meet-up at your business location	✓	✓		
Feature story about business in PRBA Communications	✓			
Opportunity to present award to non-profits at Fall Fest donation party (following event)	✓			
Top level placement on all marketing materials and banners	✓			



Fall Fest 2023 T-Shirt Design. Logo will be on the back.

Complete sponsorship form and provide payment (check, credit card) by **August 20, 2023** to secure fullest sponsorship benefits.

My check or charge info for the amount of \$\_\_\_\_\_ is enclosed.

*Please make your checks payable to Point Richmond Business Association or fill in the credit card information below.*

**Paypal** poinrichmondbusinessasso@gmail.com

Sponsor (Company/Organization) Name \_\_\_\_\_

Sponsor Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Email \_\_\_\_\_

I, hereby authorize PRBA (Point Richmond Business Association) to use, reproduce, and/or publish all visual materials, including photographs that may pertain to my organization. I understand that this material may be used in various publications, public affairs releases, or for other related endeavors.



**Point Richmond Business Association**

PO Box 70364

Richmond, CA 94807

[info@poinrichmondbusiness.com](mailto:info@poinrichmondbusiness.com)

**PLEASE PRINT CLEARLY**

(Information will be shredded once processed.)

Visa    MasterCard    AmEx    Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Print Name (as appears on card): \_\_\_\_\_

Signature (of card holder): \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

For businesses that require a charitable contribution to a 501c(3), please make out payments to the Point Richmond Community Foundation which is the pass-through entity for the Point Richmond Business Association.

