

# ReLeaf Network Retreat Sponsorship Opportunity!



## California ReLeaf Network Retreat - May 2017 [californiareleaf.com/events](http://californiareleaf.com/events)

**Sponsor the 2017 ReLeaf Network Retreat in Oakland, California.  
 Support Community Engagement & Education in our Neighborhoods!**

<b>Sponsorship Investment</b>	<b>Oak \$2,500</b>	<b>Sycamore \$1,000</b>	<b>Buckeye \$500</b>
Recognition at May 22nd Reception and May 23 Retreat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Feature in Agenda Packet	1/2 Page	1/4 Page	1/8 Page
Logo on ReLeaf Website and Event Emails	Event Page	Event Page	Event Page
Social Media Posts	7	5	3
Exhibition Tables/Space*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Attend as ReLeaf Guests	3	2	1
Sponsor Ribbons for Company Attendees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\*Note: As our event venue is City-run property, sponsors are asked to provide "informational only" materials. Please, no merchandise sales on site.

# Supporting Trees from the Grassroots Up!

To become a sponsor of the **2017 California Releaf Network Retreat**, please fill out the sponsor information below and select a payment option

## SPONSOR INFORMATION:

*Business name:* \_\_\_\_\_

*Contact name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Mailing address:* \_\_\_\_\_

*Sponsorship level:* \_\_\_\_\_

## OPTION 1: Pay by check.

You can make your checks payable to **California ReLeaf** and send to:

2115 J Street Suite #213  
Sacramento, CA 95816

## OPTION 2: Pay by credit card (mail or phone).

If paying by mail, send in the completed form to the address listed above. If you'd like to call in and place your sponsorship via credit card, call us at **(916) 497-0034** and be prepared to provide the following information:

*Cardholder name:* \_\_\_\_\_

*Card number:* \_\_\_\_\_

*Card:* Visa\_\_ MasterCard\_\_ American Express\_\_ *Expiration date:* \_\_\_\_\_ *CSC:* \_\_\_\_\_

*Billing Address:* \_\_\_\_\_

*Cardholder's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

