

SPONSOR BENEFITS

Thanks for partnering with us!
Annual and Event sponsors can choose custom benefits using the guidelines below.



	VIP	Hall of Fame	Platinum	Gold
	\$25,000 annual \$2,083 monthly	\$10,000 annual \$833 monthly	\$5,000 annual \$416 monthly	\$2,500 annual \$208 monthly
Overall Visibility				
Recognition on website	logo (L)	logo (L)	logo (M)	logo (S)
Company highlighted on website	Yes			
Recognition in email blasts	Logo Footer			
Social media mentions	2 with link	1 with link	1 with link	1 with link
Event-Specific Recognition				
"Presented By" naming rights for event	If Available			
VIP opportunities on event day	If Available			
Recognition and branding at major events	4 Events	1 Event	1 Event	Special
Inclusion on event banner	All Available	1 Event	1 Event	1 Event
Recognition on event t-shirts	All Available	1 Event	1 Event	1 Event
Black and Blue food drive		1 Event	1 Event	1 Event
Liga HEB – team sponsorship		Per Year	Per Year	Per Year

Sponsorship Deadlines

Sponsorship must be finalized at least one month prior to the event in question.
Digital recognitions will remain active until the next iteration of the sponsored event.

SPONSOR SIGN UP



Sponsorship Level & Events Selected

- | | | |
|--|--|---|
| <input type="checkbox"/> VIP - \$25,000 | <input type="checkbox"/> General | <input type="checkbox"/> Operation Back 2 School |
| <input type="checkbox"/> Hall of Fame - \$10,000 | <input type="checkbox"/> CPR – Spring | <input type="checkbox"/> Night of Hope |
| <input type="checkbox"/> Platinum - \$5,000 | <input type="checkbox"/> CPR – Fall | <input type="checkbox"/> Black and Blue Food Drive |
| <input type="checkbox"/> Gold - \$2,500 | <input type="checkbox"/> Momentum | <input type="checkbox"/> Liga HEB Intramural Soccer |
| | <input type="checkbox"/> New Hope Center | |

Sponsor Contact & Social Media Info

Name _____


Company _____


Address _____


City _____ State _____ Zip _____

Telephone (_____) _____ - _____ ext _____

Email _____

 @ _____

 @ _____

 @ _____

Website: _____

Payment Info

- | | |
|--|---|
| <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Credit Card (info below) |
| <input type="checkbox"/> Check will be mailed separately | <input type="checkbox"/> Please invoice me |

Card Type _____ Card Number _____

Name On Card _____

Expires ___ / ___ / _____ Security Code _____ Signature _____

Return to: 6 Stones Mission Network
209 N Industrial Blvd. Ste 241
Bedford, TX 76021

817.868.7400 www.6stones.org
Details available at 6stones.org/sponsor
Send vector artwork to: rhord@6stones.org