



Music

RAFFLE

SILENT
AUCTION

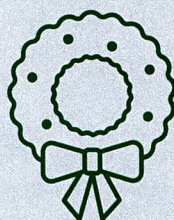
FOOD,
DRINKS &
SWEET
TREATS

Craft
Vendors

Charity CHICKS Present:

Festival of Wreaths

November
23



from/to
12-4PM

Hosted by The Shriners
1591 W Eau Gallie Blvd, Melbourne

\$10 Admission

\$5 for kids 10 & under



Proceeds to benefit Shriners Hospital for Children Space Coast Patients
& Brevard County Public Schools Students-In-Transition Program



Brevard County Festival of Wreaths and Silent Auction 2024

Azan Shriners Center

1591 W. Eau Gallie Blvd., Melbourne, FL 32935

Saturday, November 23rd

Noon – 4:00 pm (Auction Bids Close at 3:30 pm)

ORNAMENT LEVEL SPONSOR:

Wreath donations and/or Holiday art pieces such as Gift Baskets, Center Pieces etc. for Silent Auction. Get creative! In the past wreaths have been adorned with a wide range of items including Gift Cards, Candy, Scratch Tickets, Sports Memorabilia just to name a few! Your company name listed in program and will be announced at event.

RUDOLPH RAFFLE SPONSOR:

The Rudolph Raffle was an additional fundraising event that was introduced at the Festival of Wreaths in 2023 and was a great success. We are also in need prizes for our Rudolph Raffle for this year. Items we are looking for are things like gift cards, gift baskets filled with spirits, toys, games, spas, etc. Feel free to include any of your collateral with your giveaway! Your company name will be attached to the prize.

All Registration and Sponsorship Forms are due no later than **November 8th** for inclusion in the program. Please email this form to: brevardfow2022@gmail.com or fax to (321) 312-3751.

Business Name: _____

Title of wreath or giveaway as it will appear in the program: _____

Contact Name: _____

Street Address: _____

City: _____ Zip code: _____ Phone/Cell: _____

Email: _____ Estimated wreath or giveaway value: \$ _____

If donating a wreath write a description for the program. Be sure to include any features (gift certificates, gifts cards, merchandise, etc.) that will increase interest in your wreath or giveaway.

If you have any questions about the event or sponsorships, please contact us at brevardfow2022@gmail.com or reach out to one of the **“Charity Chicks”**

Lisa Stanton (321) 759-7597 or Denise Argue (321) 446-7466

HOPE TO SEE YOU ALL THERE!



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Company Name: _____ Contact Person: _____

Email _____ Phone: _____ Fax: _____

SPONSORSHIP OPPORTUNITIES

TREE TOPPER SPONSOR: \$2,500. (1 AVAILABLE)

- MC shout-out promo & 5-minute event speaking opportunity at event.
- Facebook Live Video interview at event & social media Shoutout on Facebook, Instagram with link.
- VIP Table with 10 entry tickets and sponsor sign on table.
- Vendor booth at event
- Logo displayed on TV Slide show at event and all marketing material.
- Full page in program booklet
- Company name and logo on FOW event gift for the first 200 attendees



NORTH POLE SPONSOR: \$1000. (1 AVAILABLE)

- MC shout-out promo & 3-minute event speaking opportunity at event.
- Facebook Live Video interview at event & social media Shoutout on Facebook, Instagram with link
- VIP Table with 6 entry tickets and sponsor sign on table.
- Vendor booth at event
- Logo displayed on TV Slide show at event and all marketing material.
- 1/2 page in program booklet

SILVER BELLS LEVEL SPONSOR: \$500 and CHOOSE AN AREA TO SPONSOR:

(Decadent Dessert Table, Drink Table, Festive Soda Station, Hot Chocolate Bar, Holiday Hors D'oeuvres)

- MC shout-out promo at event
- Facebook Live Video interview at event & social media Shoutout on Facebook, Instagram with link.
- 4 entry tickets
- Logo displayed on TV Slide show at event and all marketing material.
- 1/4 page in program booklet

GARLAND LEVEL SPONSOR: \$250.

- MC shout-out promo at event & Company Name and logo in program booklet.
- Brochures and collateral displayed on Information Table
- 2 entry tickets

METHOD OF PAYMENT:

☐ Check (Make checks payable to Brevard Association of Human Services or BAHS)

Checks can be mailed to: BAHS PO Box 964, Melbourne, FL 32902

☐ Credit Card (Visa _____ Mastercard _____)

CC#: _____

Exp. Date: _____ CVV Code: _____ Name on Card: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____