



**Treatment Homes, Inc.**

P.O. Box 1400 \* Little Rock, AR 72203 \* 501-372-5039 \* 501-372-5529 \* www.treatmenthomes.org

***40<sup>th</sup> Anniversary Celebration: Making the Difference***  
**SPONSOR COMMITMENT**  
***June 8, 2023***

Yes, \_\_\_\_\_ agrees to provide a sponsorship for Treatment Homes, Inc. in celebration of the 40<sup>th</sup> Anniversary!

- \_\_\_\_\_ **Platinum Sponsor** \$5,000 - \$10,000 (Five reserved tables+)
- \_\_\_\_\_ **Gold Sponsor** \$3000 - \$5,000 (Three reserved tables+)
- \_\_\_\_\_ **Silver Sponsor** \$2,500 (Two reserved tables -20 tickets)
- \_\_\_\_\_ **Bronze Sponsor** \$1,500 (One reserved table plus 5 tickets -15 tickets)
- \_\_\_\_\_ **Table Sponsor** \$1000 (One reserved table – 10 tickets)

**No, I cannot provide a sponsorship but please accept my donation: (Individuals)**

- (1) In Honor of the **Aarons - Make A Difference Honorees** \_\_\_\_\_ \$ \_\_\_\_\_
- (2) In Honor of **Timmons – Angel Honoree** \_\_\_\_\_ \$ \_\_\_\_\_
- (3) In Honor of **Zeta Phi Beta Sorority- Angel Honoree** \_\_\_\_\_ \$ \_\_\_\_\_
- (4) In Memory of **Ken & Glenda Bittle (Founders & Board Member)** \_\_\_\_\_ \$ \_\_\_\_\_
- (5) In Honor of \_\_\_\_\_ \$ \_\_\_\_\_
- (6) In Memory of \_\_\_\_\_ \$ \_\_\_\_\_

**Enclosed is my check or charge: Check # \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ **Please submit an invoice for payment:**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_