



**Dunedin Cares 2nd Annual Gala “Feed the Need”
on Saturday, February 22, 2025
from 5:00 PM- 8:00PM
at City Hall of Dunedin
Sponsorship Opportunities**

\$15,000 - Presenting Level

15 Tickets to the event (\$2,250 Value)

***Your Name/Logo Presented by...at the top the event.**

***Introduction, and invite to speak**

***Your Name/Logo on ALL Marketing**

***Post-Event VIP Sponsor Party**

\$10,000 - Gold Level

10 Tickets to the event (\$1,500 Value)

***Your Name/Logo on ALL Marketing**

***Introduction, and invite to speak**

***Post-Event VIP Sponsor Party**

\$5,000 - Silver Level

6 Tickets to the event (\$900 Value)

***Your Name/Logo on ALL Marketing**

***Post-Event VIP Sponsor Party**

\$2,500 - Bronze Level

2 Tickets to the event (\$300 Value)

***Your Name/Logo on ALL Marketing**

***Post-Event VIP Sponsor Party**

**For more information or for a custom package please contact Kristina Garcia
office@dunedincares.org**

727-743-1904 c

**Deadline for Sponsorships is 1/10/25
(this will ensure you are on all marketing)**

Dunedin Cares is proud to service Palm Harbor, Clearwater & Dunedin



**I want to support Dunedin Cares 2nd Annual Gala
"Feed the Need"**

Deadline to be in program January 10, 2025

Gala on 2/22/25

5:00-8:00PM

Dunedin City Hall 737 Louden Ave

Deadline to be in program January 10, 2024

Contact Information

Company Name _____

Contact Name _____

Address _____

Phone _____

Email _____

Mail form with check payable to: Dunedin Cares, INC, 1630 Pinehurst Road., Dunedin, FL 34698
or email to office@dunedincares.org form with credit card info: Please Circle Card Choice (VISA, MC, AMX, DISC)

CC# _____ 3-4 digit # _____ Exp Date _____

Indicate if you will also pay credit card fees by circling yes or no: Yes or No

Go to <https://dunedincares.org/gala/>

To pay by cc online

Name on card _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

Please check your level of participation:

_____ **\$15,000 Presenting (15 tickets are included)**

- Your Name/Logo Presented by...at the top the event.
- Introduction, and invite to speak
- Your Name/Logo on ALL Marketing
Post-Event VIP Sponsor Party

_____ **\$10,000 Gold (10 tickets are included)**

- Introduction, and invite to speak
- Your Name/Logo on ALL Marketing
Post-Event VIP Sponsor Party

_____ **\$5,000 Silver (6 tickets are included)**

- Your Name/Logo on ALL Marketing
Post-Event VIP Sponsor Party

_____ **\$2,500 Bronze (2 tickets are included)**

- Your Name/Logo on ALL Marketing
Post-Event VIP Sponsor Party

***Please email all participants to office@dunedincares.org**

Dunedin Cares, Inc.
1630 Pinehurst Rd. Dunedin FL 34698
Phone: 727-410-8495
Email: office@dunedincares.org

No goods or services were provided in exchange for your contribution.

*Dunedin Cares, Inc. is recognized
as a 501(c)3 non-profit corporation.*

State Registration #CH47687 and Tax ID 47-2522602.



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Silent Auction Request

We are asking that you participate in our Silent Auction for our Dunedin Cares Community Food Pantry. Since 2015 Dunedin Cares has been feeding Dunedin, Clearwater, and Palm Harbor. During this time we have fed thousands of our community members. Your support will play a crucial role in helping us meet the needs of those who depend on Dunedin Cares. Together we can make a real difference in the lives of individuals and families facing food insecurity.

**We are a 501 c(3) EIN 47-2522602 -
your donation is 100% tax deductible.**

Thank you for your consideration.

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Contact Information

Company Name _____

Contact Name _____

Address _____

Phone _____

Email _____

Our business would like to donate a silent auction item(s)

**Value and description of auction
item** _____

**Contact information (Phone & Name) for auction item pick
up** _____

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Live Auction Request

We are asking that you participate in our Live Auction for our Dunedin Cares Community Food Pantry. Since 2015 Dunedin Cares has been feeding Dunedin, Clearwater, and Palm Harbor. During this time we have fed thousands of our community members. Your support will play a crucial role in helping us meet the needs of those who depend on Dunedin Cares. Together we can make a real difference in the lives of individuals and families facing food insecurity.

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Thank you for your consideration.

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Contact Information

Company Name _____

Contact Name _____

Address _____

Phone _____

Email _____

Our business would like to donate a live auction item(s)

**Value and description of auction
item** _____

**Contact information (Phone & Name)
for auction item pick up** _____

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