# DOGSTRAVAGANZA A Fundraiser for Dogs and Their Feline Friends

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# **NOVEMBER 7, 2024**

# SPONSORSHIP & AUCTION / DONATION PACKAGE



# DOGSTRAVAGANZA A Fundraiser for Dogs and Their Feline Friends

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### Sponsorship Opportunities

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SPONSORSHIP BENEFITS	TOP DOG	CAT'S MEOW	FURRY FRIEND	FAITHFUL COMPANION	FURLANTHROPIST
	\$10,000	\$5,000	\$1,000	\$500	\$250
Naming Rights "Dogstravaganza presented by Your Name Here"	•				
Name or logo in press release for event	•				
Company logo on invitations	•	•			
Name or logo in email newsletters about the event	•	•	•		
Opportunity to include a promotional item in gift bag to VIP attendees	•	⊘	•		
Company logo or name on the event website	•	•	•	•	
Your name on a kennel at the shelter for 6 months and updates about the animals in your kennel	•	•	•	⊘	•
Name or logo on signage at the event	•	⊘	•	⊘	⊘
Recognition of sponsorship on name badge at event	•	⊘	•	•	•
Name on the event website					•
VIP Tickets	VIP Table of 10	Table of 10	2 VIP Tickets	0	0

# A Fundraiser for Dogs and Their Feline Friends

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### **Sponsor Information Form**

□ I/We are happy to participate as a sponsor for the 2024	Humane Society	of Macomb Dogstravaganza	
Please select sponsor level:			
□ Top Dog □ Cat's Meow □ Furry Friend □ Fait	hful Companion	□ Furlanthropist	
□ I/We are unable to participate as a sponsor. However, I/we we	ould like to pre-purcha	ase the following	
VIP Event Tickets: ppl.			
□ I/We are unable to participate as a sponsor. However, enclose	ed is a special contrib	ution of \$	
Please list me/us the following way:			
Name(s):			
Company :			
Address:			
City:	State:	Zip Code:	
Phone: Email:			
Payment Options Please make check(s) payable to: Humane Society of Macom	b		
□ Check □ Credit Card □ Please send invoice to the abov	e address		
Name:			
Billing Address :			
Phone: Email:			
Card Number:	_ Exp Date:	CVV/CVC Code:	
I hereby authorize \$ to be charged to my credit c	ard.		
Signature :			
<b>Please complete the above form and mail to:</b> Humane Society of Macomb 11350 22 Mile Rd.	<b>For more information,</b> please contact Humane Society of Macomb at (586) 731-9210		

THANK YOU FOR SUPPORTING THE HUMANE SOCIETY OF MACOMB DOGSTRAVAGANZA!

Or email completed form to: events@humanesocietyofmacomb.org

Shelby Twp., MI 48317

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### Live and Silent Auction Form

#### **To Benefit Humane Society of Macomb**

Contact Information:	
Name	Phone
Address	
City	State Zip Code
Email	
Item(s) To Be Donated:	
Fair Value (estimated):	
Type of Gift:	
Event Tickets	Weekend Getaways Gift Certificates
Cash Donation	New Item Antiques Services
Detailed Description of Gift: Ple	ase include size, color, model number etc.
Gift accompanies thi	is form will arrange to have the gift delivered
I need my donation p	picked up from
Cash Gift in the amo	unt of \$ Please make check(s) payable to: Humane Society of Macomb
For your contribution to be print	ted in the program, return this form by October 15th to:
Humane Society of Macomb, 1	1350 22 Mile Rd., Shelby Twp., MI 48317
Or email completed form to: ev	rents@humanesocietyofmacomb.org
I would like my name to appear	in the program as:
For more information, contact	Humane Society of Macomb at (586) 731-9210
THANK YOU FOR SUPPORT	ING THE HUMANE SOCIETY OF MACOMB DOGSTRAVAGANZA!