



DOGSTRAVAGANZA

A Fundraiser for Dogs and Their Feline Friends

NOVEMBER 4, 2026

SPONSORSHIP & AUCTION / DONATION
PACKAGE



HUMANE SOCIETY
OF MACOMB

DOGSTRAVAGANZA

A Fundraiser for Dogs and Their Feline Friends

Sponsorship Opportunities

SPONSORSHIP BENEFITS	★ TOP DOG	★ CAT'S MEOW	★ FURRY FRIEND	★ FAITHFUL COMPANION	★ RESCUE ROYALTY
	\$5,000	\$2,500	\$1,000	\$350	\$150
Naming Rights "Dogstravaganza presented by Your Name Here"	✓				
Name or Logo in email newsletters about the event	✓	✓			
Your name on a kennel at the shelter for 6 months and updates about the animals	✓	✓	✓		
Opportunity to include a promo item in gift bag	✓	✓	✓	✓	
Name or logo on signage at event	✓	✓	✓	✓	
Name on event website	✓	✓	✓	✓	✓
VIP Tickets	VIP Table of 10	VIP Table of 5	2 VIP Tickets		

ADDITIONAL SPONSOR OPPORTUNITIES

BAR SPONSOR	\$750	Opportunity to name a specialty drink, signage on the bars, 2 complimentary VIP tickets, logo on the website
CASINO GAME(S) SPONSOR	\$600 (per table)	Signage on the casino games, 2 complimentary VIP tickets, logo on the website, discounts on multiple table sponsorships
NAME BADGE SPONSOR	\$500	Name on the name badges, 2 complimentary VIP tickets, logo on the website
REGISTRATION DESK SPONSOR	\$500	Signage on the registration table, 2 complimentary VIP tickets, logo on the website

Please complete form on second side.



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Sponsor Information Form

☐ I/We are happy to participate as a sponsor for the 2026 Humane Society of Macomb Dogstravaganza

Please select sponsor level:

☐ Top Dog ☐ Cat's Meow ☐ Furry Friend ☐ Faithful Companion ☐ Rescue Royalty
☐ Bar ☐ Casino Game(s) ☐ Name Badge ☐ Registration Desk

☐ I/We are unable to participate as a sponsor. However, I/we would like to pre-purchase the following

VIP Event Tickets: _____ ppl.

☐ I/We are unable to participate as a sponsor. However, enclosed is a special contribution 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 Macomb*

☐ Check ☐ Credit Card ☐ Please send invoice to the above address

Name: _____

Billing Address : _____

Phone: _____ Email: _____

Card Number: _____ Exp Date: _____ CVV/CVC Code: _____

I hereby authorize \$ _____ to be charged to my credit card.

Signature : _____

Please complete the above form and mail to:

Humane Society of Macomb
11350 22 Mile Rd.
Shelby Twp., MI 48317

Or email completed form to:

events@humanesocietyofmacomb.org

For more information, please contact Humane Society of Macomb at (586) 731-9210

**THANK YOU FOR SUPPORTING
THE HUMANE SOCIETY OF MACOMB
DOGSTRAVAGANZA!**



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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: *Please include size, color, model number etc.*

_____ Gift accompanies this form _____ will arrange to have the gift delivered

_____ I need my donation picked up from _____

_____ Cash Gift in the amount of \$ _____ *Please make check(s) payable to: Humane Society of Macomb*

For your contribution to be printed in the program, return this form by October 15th to:

Humane Society of Macomb, 11350 22 Mile Rd., Shelby Twp., MI 48317

Or email completed form to: events@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 SUPPORTING THE HUMANE SOCIETY OF MACOMB DOGSTRAVAGANZA!