

CLAREMONT EDUCATIONAL FOUNDATION

CHOCOLATE



WALK

Saturday, October 6, 2018

BECOME A 2018 SPONSOR

GOLDEN TICKET SPONSOR - \$5,000

- Sole sponsor listed on event giveaway, distributed to all event participants
- Sole sponsor listed on event poster, distributed to all participating merchants to advertise their store as a tasting site
- Company name and/or logo included in event advertising and social media promotions
- Receive 25 event admission tickets to share with Claremont families, your clients/customers or employees
- Yearlong recognition as a Claremont Educational Foundation **Superintendent's Circle** Business Partner

CANDY LAND SPONSOR - \$2,500

- Sponsor of *Chocolate Walk Tasting Map*
- Company name and/or logo included in event advertising and social media promotions
- Receive 10 event admission tickets to share with Claremont families, your clients/customers or employees
- Yearlong recognition as a Claremont Educational Foundation **Principal's Circle** Business Partner

CHOCOLATE CHIP SPONSOR - \$1,000

- Company name and/or logo included in event advertising and social media promotions
- Receive two event tickets
- Yearlong recognition as a Claremont Educational Foundation **Gold Star** Business Partner

SWEET DREAMS SPONSOR - \$500

- Company name and/or logo included in event advertising and social media promotions
- Opportunity to distribute chocolate tasting at a participating merchant location and display your own marketing and promotional materials
- Yearlong recognition as a Claremont Educational Foundation **Silver Star** Business Partner



C E F SUPPORTING CLAREMONT SCHOOLS SINCE 1991

Claremont Educational Foundation, 112 Harvard Avenue, #191, Claremont, CA 91711

CHOCOLATE WALK 2018 SPONSORSHIP FORM

Please check sponsor level below:

GOLDEN TICKET SPONSOR - \$5,000

CANDY LAND SPONSOR - \$2,500

CHOCOLATE CHIP SPONSOR - \$1,000

SWEET DREAMS SPONSOR - \$500

Contact Person: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Check is enclosed.

Please charge my credit card: Master Card Visa AMEX

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please make checks payable to *Claremont Educational Foundation* and mail to:
Claremont Educational Foundation, 112 Harvard Avenue, #191, Claremont, CA 91711

For questions, please call: (909) 399-1709 or email **development@supportcef.com**.

Thank you for your support of the Claremont Educational Foundation!



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