

# **Community Connections**

**Breakfast Meeting with Special Guest  
Washington State Attorney General  
Bob Ferguson**

Tuesday, November 13, 2018 AT 7:30 AM  
Shoreline Community College Theatre

*2018  
Sponsorship Opportunities*

This year our Board of Directors have scheduled a fundraising breakfast meeting to share some exciting developments about our programs and services, and to ask you to be a part of our journey. We are especially excited about our featured guest Washington Attorney General Bob Ferguson! This event brings together generous members of our community to help us achieve our mission:

*“to strengthen the community through counseling, education, and support to children, youth, adults, and families.”*

To accomplish this mission, CHS has three primary programs:

- **Family Support** centers provide a place where children get ready for school, parents/caregivers increase skills, students become leaders, new residents connect to resources and everyone teaches and learns.
- **Mental Health** services use a family-centered approach to individual and family counseling, youth anger management groups, and intervention programs.
- **Substance Abuse** programs at CHS provide drug and alcohol treatment, intervention, and prevention services for youth, adults, and family members.

Sponsorships are critically important to the success these programs. All sponsorships include recognition on our program poster as well as acknowledgement during the program. Please see the attached sheet to decide which level of sponsorship will work best for your organization.

*An opportunity awaits ..*

*Gold Sponsor \$4,000*

*Silver Sponsor \$2,000*

*Bronze Sponsor \$1,000*

Please mail this form with payment to CHS at the address below or fax the form to 206-362-7152. Any questions, call us at 206-362-7282.

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*We would like to commit to the following sponsorship level:*

- Gold Sponsor \$4,000
- Silver Sponsor \$2,000
- Bronze Sponsor \$1,000

Sorry, we cannot participate as a sponsor. Please accept our donation of \$ \_\_\_\_\_

***Sponsorship information:***

Please list your name exactly as it should be listed on all printed materials.

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize a one-time charge against my credit card for the following amount:

\$ \_\_\_\_\_

I authorize a recurring charge against my credit card for the following amount:

\$ \_\_\_\_\_

once every day(s)/week(s)/month(s)/year(s) beginning  
(date) \_\_\_\_\_ and ending after \_\_\_\_\_ payments.

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU!**