



Sponsorship Agreement

December 2024 - November 2025

Name of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Information:

Name: _____

Phone: _____ Email: _____

SPONSORSHIP INFORMATION: Please indicate your sponsorship level.
See sponsorship sheet for a full list of benefits.

Sponsorship Levels

Presenting Sponsor	\$10,000 +
Major Benefactor	\$ 7,500
Visionary Sponsor	\$ 5,000
Empowerment Sponsor	\$ 2,000
Helping Sponsor	\$ 1,000
Healing Sponsor	\$ 500
Hope Sponsor	\$ 250
Other	\$ _____

Payment Information check one

Please invoice us:

Check enclosed:

Credit Card:
{ We will contact you
to process your payment }

In order to ensure recognition at the 2024 HHH event, sponsorship confirmations are appreciated by November 15th. Sponsorships received after this deadline will be listed as a sponsor for all three 2025 events.

P.O. Box 235
Batesville, IN 47006

If you have any questions please contact:

Executive Director Cari Kettman at CKettman@safepassageinc.org or
Community Outreach Coordinator Taneha Negangard at TNegangard@safepassageinc.org