



**sponsorships**

# Brevard Uncorked

A wine tasting to benefit Brevard Providing Autism Links & Supports

6:00pm—8:00pm

Wednesday, February 08, 2012

## **CASBAH WINES DOWNTOWN**

724 East New Haven Ave.

Melbourne, FL 32901

Located 1 block west of Matt's Casbah





## Sponsor Levels

**Wednesday, February 08, 2012**  
**6:00 p.m.- 8:00 p.m.**

**Cabernet Sauvignon: \$500** (\$250 value)  
20 guests

Business logo on tables

Logo on event banner

Logo and direct company link on PALS website for 6 months

Name recognition during welcoming comments

**Merlot: \$250** (\$125 value)

10 guests

Logo on event banner

Logo and direct company link on PALS website for 3 months

**Chardonnay: \$100** (\$50 value)

4 guests

Name recognition on PALS website

**Sponsor: In Kind: \$ modified to donor's desire**

Contact a Brevard PALS Board Representative for more information

321.768.6800  
321.768.6858(f)



*All sponsorships subject to print deadlines*

For more information contact Child and Family Consultants at 321-768-6800 or [www.pals-ucfcard.org](http://www.pals-ucfcard.org)



# Brevard Uncorked

Yes, we are proud to support Brevard Uncorked on Wednesday, February 08, 2012, at the Casbah. We authorize Brevard Providing Autism Links & Supports (PALS) to include our name and/or logo on all the materials printed for the event consistent with our sponsorship selection.

### SPONSORSHIPS

Cabernet Sauvignon \$500 (15 tickets)     Merlot \$250 (10 tickets)     Chardonnay \$100 (4 tickets)

IN KIND DONATIONS \$ \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Names for Single Ticket & Sponsor Package Guests

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 2. _____  | 3. _____  |
| 4. _____  | 5. _____  | 6. _____  |
| 7. _____  | 8. _____  | 9. _____  |
| 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |

our check is enclosed     please charge our sponsorship

*To insure that your company logo is included on the Autumn Nights for Autism material, please return this form to the following address by January 13, 2012. Once this form is received, someone will contact you regarding the artwork for the gala materials.*

**Brevard PALS . 1800 Penn Street. Suite 12. Melbourne, FL 32901**

**or**

**Fax to 321.768.6858**

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CSC: # \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Is the billing address the same for this card as the address above?  Yes  No, if no please give card address below:

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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