



My Sista, My Friend

## 2008 Sponsorship Packages

### **My Sista My Friend and Sisters of Success Tour Presenting Sponsor** (\$25,000.00)

- Back cover advertisement in curriculum packets and program book
- (10) VIP Reception tickets
- Sponsors logo is printed on all My Sista My Friend: Sisters of Success conference/training materials
- Mention in all radio/television and print media advertisements
- Listing on web site for 1-year with link to sponsor's web site

### **My Sista My Friend Conference & Sisters of Success Tour Sponsor** (\$4,000.00 - \$7,000.00)

- 1- page advertisement in Sisters of Success curriculum packets & Conference program book
- (5) VIP Reception tickets
- Logo & name listed in all print media advertisements
- Name and logo on all conference and My Sista My Friend: Sisters of Success Curriculum
- Listing on web site for 1-year with link to sponsor's web site (if desired)

### **My Sista My Friend Conference Sponsor** (\$3,000.00)

- 1 half- page advertisement in curriculum packets & program book
- (2) VIP Reception tickets
- Name and/or logo on all My Sista My Friend: Sisters of Success signage
- Listing on web site for 1-year with link to sponsor's web site (if desired)

### **My Sista My Friend Conference Supporter** (\$100.00 - \$500.00)

This sponsorship helps to offset the cost of young women attending the My Sista My Friend Conference @ \$20.00 per ticket on Saturday, October 25, 2008.

- Name and/or logo in program book

## Payment for Sponsorship

It is agreed that the Sponsor will pay Eye of the Artists Foundation a total of \$\_\_\_\_\_ for the **sponsorship**. All payments should be made to "Eye of the Artists Foundation", Tax ID # 83-0395169 and mailed to 1860 Wynnewood Lane, Cincinnati, OH 45237. In some cases, a portion or the entire donation is tax deductible under section 501(c) 3 of the Internal Revenue Code. Please consult your tax professional regarding the type of sponsorship.

**Your Name:** \_\_\_\_\_  
**Company/Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please return a copy of this form and payment to:

Eye of the Artists Foundation, Attn: My Sista My Friend, 1860 Wynnewood Lane, Cincinnati, OH 45237