



Village OF Dreams Gala

SPONSORSHIP LEVELS

DREAM SPONSOR \$50,000

- Priority dinner service and seating for 10 • Recognition from podium
 - Full-page priority ad placement in the Program Book
- Most prominent logo on all materials (A/V screens, website, name on invitation)
- Name in all event press releases • Multiple mentions on Riverview social media and newsletters

VISION SPONSOR \$25,000

- Priority seating for 10 • Recognition from podium
 - Full-page priority ad placement in the Program Book
- Most prominent logo on all materials (A/V screens, website, name on invitation)
- Name in all event press releases • Multiple mentions on Riverview social media and newsletters

BELIEF SPONSOR \$15,000

- Priority seating for 10 • Full page ad in program book
 - Logo on A/V screens, website, name on invitation

POSSIBILITY SPONSOR \$10,000

- Priority seating for 6 • Half page ad in program book
- Name on invitation and website, registration page and A/V screens

HOPE SPONSOR \$5,000

- Seating for 4 at the gala • Half page ad in program book
- Name on invitation, website, registration page and A/V screens

PROMISE SPONSOR \$2,000

- Seating for 2 at gala • Quarter page ad • Name on invitation, website, registration page and A/V screens

COMMUNITY SUPPORTER \$2,000

- Two tickets donated to guests in the Riverview community who could not otherwise attend
 - Quarter Page Ad • Name on invitation, website, registration page and A/V screens

FRIEND \$500

- Name on invitation and website

**For more information contact Erin Soderstrom at:
508-317-0467 or esoderstrom@riverviewschool.org
551 Route 6A East Sandwich, MA 02537**

RIVERVIEW'S



SPONSORSHIP FORM

Enclosed is a check payable to Riverview School for:

\$50,000 \$25,000 \$15,000 \$10,000 \$5,000 \$2,000 \$500 Other _____

VISA/MC/AMEX # _____ Exp. date _____ CVV code _____

I am unable to attend, but I would like to make a donation of \$ _____

I would like to donate ____ (number) tickets from my sponsorship back to Riverview for use by school guests.

Contact Name for Sponsorship Follow-Up _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

How you would like your name or your company's name printed for recognition purposes:

Please return this completed form to:

Riverview School, 551 Route 6A, East Sandwich, Massachusetts 02537

or email to: esoderstrom@riverviewschool.org

PLEASE COMPLETE THE FOLLOWING PAGE WITH ATTENDEE INFO.

Note: Logos (high resolution) should be emailed immediately to jdow@riverviewschool.org

Program Ad Specs: PDF; 4-color; No bleeds; 300 dpi

Full-page = 5" x 8"; Half-page = 5" x 3.75"; Quarter-page = 2.25" x 3.75"

Ads due by 5/20/26 • email ads to jdow@riverviewschool.org

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Please submit a list of attendees (if any) with this sponsorship, including email and cell phone number (required for mobile bidding at event.) Use multiple pages if necessary.

Name _____

Email _____

Cell _____

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