



# 2023 Deck the Holidays: Fa-La Fantasy

## SPONSORSHIP LEVELS & BENEFITS

*Deadline for recognition:*

*To be included on the invitation : October 15, 2023*

*To be included on event program: November 1, 2023*

Donate online at: [www.lauritzengardens.org/decktheholidays](http://www.lauritzengardens.org/decktheholidays)

	Poinsettia \$5,000	Holly \$2,500	Mistletoe \$1,500	Spruce \$1,000	Amaryllis \$500
Luncheon tickets	8	8	4	2	1
Copy of guest speaker's book	8				
Logo recognition	❄️	❄️			
Recognized from podium	❄️	❄️	❄️		
Sponsor recognitions below	❄️	❄️	❄️	❄️	❄️
Value of benefits (goods & services)	\$540	\$400	\$200	\$100	\$50
Tax-deductible amount	\$4,460	\$2,100	\$1,300	\$900	\$450

December 7, 2023

Questions or to reserve a table?

*Please email*

[s.seim@omahabotanicalgardens.org](mailto:s.seim@omahabotanicalgardens.org)

*or call (402) 346-4002, ext. 219*

**All sponsors of DECK THE HOLIDAYS will be recognized:**

- On event signage at the Lauritzen Gardens visitor & education center
- In the event program and other select marketing materials
- On the Lauritzen Gardens website



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## Sponsor Pledge Form

- I WOULD LIKE TO BE A SPONSOR AT THE FOLLOWING LEVEL:  
 Poinsettia \$5,000    Holly \$2,500    Mistletoe \$1,500    Spruce \$1,000    Amaryllis \$500
- I AM NOT ABLE TO SPONSOR THE EVENT BUT HAVE ENCLOSED A DONATION.
- I DO NOT WISH TO BE A SPONSOR, BUT I WOULD LIKE TO PURCHASE A TABLE.

NAME: \_\_\_\_\_

NAME TO BE PRINTED IN RECOGNITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

EMAIL (required if paying by credit card): \_\_\_\_\_ PHONE: \_\_\_\_\_

Please mail this completed form with payment to:

Lauritzen Gardens  
Attn: Guild  
100 Bancroft St.  
Omaha, NE 68108

I WISH TO REMAIN ANONYMOUS

**Please respond by October 15, 2023**

### Individual Donor

- Check enclosed (*payable to Lauritzen Gardens*)
- I will forward a check by \_\_\_\_\_ (*date*)
- Invoice me: \_\_\_\_\_ (*date to be invoiced*)
- Credit Card
  - VISA       MASTERCARD       DISCOVER

CARD # : \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CHARGE: \$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### Foundation Donor

- Enclosed is a check from my foundation for \$ \_\_\_\_\_
- My foundation will forward a check to you \_\_\_\_\_ (*by this date*)
- I would like to use my benefits and have enclosed personal payment for the value of the benefits only
- I do not want to use my benefits

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_