



# Winter Elegance 2018



# Project id

**Identity Beyond Disability**



**December 1, 2018  
5:00 PM to 10:00 PM  
Spokane Valley Event Center  
10514 E Sprague  
Spokane Valley, WA 99206**



**Project id's** mission is to enhancing the possibilities and potential for each individual living with intellectual and developmental disabilities to become and achieve all that God created them to be! We utilize recreation, socialization and personal work and transitional growth opportunities to assist these individuals to live “beyond their disabilities”.

## Corporate Sponsorship

**Event Title Sponsor:** \$10,000, featured on Website, Social Media, Event Recognition, 4 tables at the event including 32 tickets and 2 bottles of wine per table.

**Hosted Bar:** \$5,000, featured on, Website, Social Media, Event Recognition, 2 tables at the event including 16 tickets and 2 bottles of wine Per table.

**Entertainment Sponsor:** \$3,500, featured on Website, Social Media, Event Recognition, 1 table, stage side seating, , 2 bottles of wine.

**Paddle Sponsor:** \$3,000, featured on Website, Social Media, Event Recognition, company logo on all paddles, 1 table 2 bottles of wine.

**Table Sponsor:** \$1,000, recognized on our Website, Event Recognition, 1 table at the event total of 8 tickets with 2 bottles of wine for the table.



**If you have any questions Please contact Bob Hutchinson at 509-879-3372**



# Sponsorship Form

I would like to be a sponsor for Winter Elegance 2018 that supports the work of Project id.

My Sponsorship level is \_\_\_\_\_

## Contact Information

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Job Title/Position \_\_\_\_\_

**Billing Information** Check # \_\_\_\_\_

CC # \_\_\_\_\_ Billing Address \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ CCS# (on Back) \_\_\_\_\_

**All Donations are Tax Deductible**

My Employer offers a matching donation program

Send Completed Forms with Payment to:

Project id  
4209 E Pacific Ave.  
Spokane, WA 99202  
P 509-475-7185  
[www.projectidspokane.org](http://www.projectidspokane.org)