



bright stars BEDTIME STORIES

MADE POSSIBLE BY:
M&T Bank
Understanding what's important®

SAVE THE DATES

**Join Easterseals and a Celebrity Guest Reader Virtually
Every Tuesday & Thursday Night Starting February 16th**

Settle into bed and enjoy captivating stories read by beloved athletes, characters, and stars!

Funds benefit Easterseals making profound, positive differences in the daily lives of people of all ages with disabilities, special needs, military backgrounds, and their families. Sponsorships offer opportunities for companies to entertain guests, clients, and employees; or to provide families with a fun-filled evening while supporting Easterseals.

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Easterseals DC MD VA • 1420 Spring Street, Silver Spring, MD 20910

For additional information, contact **Christine Ash**, Events Manager

Email: events@eseal.org • Phone: 301-920-9748 • Website: BrightStarsDC.org



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BEDTIME STORIES

SPONSORSHIPS

- \$25,000 INDEPENDENCE (*Presenting Sponsor*; 250 Logins every Bedtime Story; Logo on Website, Registration Pages, Social Media Posts, and On-Screen during Bedtime stories)
- \$10,000 EMPOWERMENT (100 Logins every Bedtime Story; Logo on Website, Registration Pages, Social Media Posts, and On-Screen during Bedtime stories)
- \$5,000 OPPORTUNITY (50 Logins every Bedtime Story; Logo on Website, and On-Screen during Bedtime stories)
- \$2,500 DIGNITY (25 Logins every Bedtime Story; Name on Website, and On-Screen during Bedtime stories)
- \$1,000 ABILITY (10 Logins every Bedtime Story; Name on Website, and On-Screen during Bedtime stories)

SINGLE LOGIN (maximum of 4)

- \$100 (1 Login every Bedtime Story)

With your sponsorship support, logins will be provided to children & adults with disabilities including wounded warriors and military veterans and their families.

- I would like to make a donation in another amount not shown above: \$_____

DONOR INFORMATION: (PRINT AS IT SHOULD APPEAR ON PRINTED MATERIALS)

Name: _____ Is this a Personal Gift OR Company Gift?

Company: (if business donation) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ Fax: _____

Email: _____

PAYMENT TYPE: Enclosed is my Check/Money Order (payable to Easter Seals) Please Invoice Me

Please Charge: VISA MasterCard AMEX

Name as it appears on card: _____

Account #: _____ Exp. ____/____/____ CVV Code: _____

Signature: _____ Date: _____

Thank you for supporting Easterseals, a 501(c)3 nonprofit organization. #53-0212296

Your VIP Committee Member's Name: _____