



SATURDAY, OCTOBER 28, 2023 • 9:00 AM - 2:30 PM • ROBERTS ARENA • SARASOTA, FL

Encourage mental health wellness in our community by becoming a Community Supporter



Help Sunshine from Darkness Provide a Free Mental Health Event to the Public and Make a Difference in Our Community. Your Contribution at Any Level is Appreciated.

By becoming a Community Supporter, you can support Sunshine from Darkness' mission to educate, advocate and promote mental health wellness in our community. This important event is free and open to the public but we rely on the support of supporters like you to make it possible.

Your contribution at the levels of \$100 to \$2,000 – or any amount that is meaningful to you – will help us to provide this free event to the public and support our efforts to promote mental health wellness. Your donation will make a difference in the lives of those who attend and contribute to creating a brighter, healthier future for our community. Join us in our advocacy efforts and donate today!

Your donation will:

- Support the promotion of mental health wellness in our community
- Help erase the stigma associated with mental illness, therapy and treatment
- Assist Sunshine from Darkness in its advocacy efforts
- Help us educate the community by providing this event free of charge to the public

COMMITMENT FORM

Today's Date: _____ Contact Person: _____ Company: _____

Signature of Authorized Representative: _____

Print Name (if different from above): _____

Company Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

PLEASE RESERVE THE FOLLOWING DONATION

Invoice available by request.

- I would like to donate: \$ _____ \$125 I would like a business card size ad within the event program

PAYMENT OPTIONS

Payment must be received by **September 15, 2023** to be included in promotional efforts.

- Please invoice (top portion of form must be complete)
 Check (Payable to: Sunshine From Darkness • Mailing Address: P.O. Box 49201 • Sarasota, FL 34230)
 Credit Card: Visa MasterCard Discover American Express

Name on Card: _____

Billing Address (must match credit card): _____ City: _____ State: _____ Zip: _____

Card Number: _____ Expires: _____ CCV#: _____

RETURN TO MAIL: P.O. Box 49201 • Sarasota, FL 34230 • EMAIL: Marlene@SunshineFromDarkness.org • PHONE: (941) 504-6717