



Felicia Smith

# JIGSAW PUZZLE COMPETITION



**Saturday, January 27, 2024**

**Location Underwriter: Fort Bend Christian Academy**

North Campus Gymnasium

1250 7th St., Sugar Land, TX 77478

## Sponsorship Opportunities

**\$2,500 Diamond**

Pre-event media release photo opportunity + recognition in marketing and social media pre and post event. Name/logo on event web page + event signage. Two teams included.

**\$1,500 Sapphire**

Recognition in marketing and social media pre and post event. Name/logo on event web page + event signage. Two teams included.

**\$1,000 Ruby**

Recognition event day. Website listing on event web page. Event signage, social media marketing, two teams included.

**\$750 Emerald**

Recognition event day, event signage, multiple social media mentions, one team included.

**\$250 Opal**

Recognition event day, social media mention, one team included.

## Underwriting Opportunities

**\$500 each** – Please select from **one or more** of the exclusive opportunities below. Benefits include event day recognition, social media mention, and one team.

**Jigsaw Puzzles** – name/logo on all puzzle box secure packaging

**Awards** – name/logo signage display on award tables

**Food/Beverage** – name/logo signage display on refreshment tables

**Signage** – name/logo on all event signage (Generously Underwritten by)

**Visual Timekeeper** – name/logo on continuous jumbo screen time display

**Please send a high-resolution logo, minimum 300 dpi  
Format jpeg, png, or pdf to [events@hopeforthree.org](mailto:events@hopeforthree.org)**

**Logo and payment due January 17, 2024**

**Please pledge or pay by due date to receive recognition and benefits.**



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## JIGSAW PUZZLE COMPETITION



**Saturday, January 27, 2024**

- 9:00 A.M. Check-in, registration, and refreshments
- 10:00 A.M. – 12:00 P.M. Two-hour timed competition
- Awards & door prizes immediately follow competition.

### Team Registration

**\$160 Team Entry Fee (team of 4)** Team Name: \_\_\_\_\_

Player 1: \_\_\_\_\_ Email: \_\_\_\_\_

Player 2: \_\_\_\_\_ Email: \_\_\_\_\_

Player 3: \_\_\_\_\_ Email: \_\_\_\_\_

Player 4: \_\_\_\_\_ Email: \_\_\_\_\_

I'd like to make an additional donation of \$\_\_\_\_\_

COMMENTS \_\_\_\_\_

*Please print EXACTLY how you wish the name to be displayed for recognition.*

Sponsor/Underwriter Name		
Contact Name	Phone	
Address	City	Zip
Email		
Check here if you wish to remain anonymous.		

_____MC/Visa	_____Amex	_____Discover	Check # _____	Payable to: Hope For Three
Cardholder Name				
CC #	Exp Date		CVC	
Email	Phone			
Billing Address	City/State		Zip	
Signature	Date			

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