



2024 Stayin' Alive Sponsor Opportunities

SPONSOR LEVEL	BENEFITS
TITLE SPONSOR \$10,000	<ul style="list-style-type: none">• Logo on social media, website, and printed materials• May have promotional materials on event tables and a booth• May provide up to 3 minutes of welcome remarks at the event if desired and public acknowledgment at the event• Water Rescue Training Demo with SFD for up to 4 members of your business• Logo on the slideshow at the event
BATTALION CHIEF \$5,000	<ul style="list-style-type: none">• Logo on social media, website and printed materials• May provide promotional materials on event tables and may have a booth• Airport Rescue Training Demo with SFD for up to 4 members of your business• Logo on the slideshow at the event• Public acknowledgment at event
CAPTAIN \$2,500	<ul style="list-style-type: none">• Logo on social media, website and materials• Logo on the slideshow at the event• May provide promotional materials on event tables• Public acknowledgment at event
FIREFIGHTER \$1,000	<ul style="list-style-type: none">• Logo on social media & website• Logo on the slideshow at the event• May provide promotional materials at event
CADET \$500	<ul style="list-style-type: none">• Logo on social media & website• Logo on slideshow at event



Salem Fire Foundation
Stayin' Alive
Mission Mill
Feb. 14, 2024

2024 Sponsor Form for Salem Fire Foundations Stayin' Alive Sustainer Event

Sponsor Name (as you wish to see it in the media): _____

Contact Name: _____

By signing this form, I agree to sponsor this event: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Cell Phone:** _____

Email: _____

Please include your email address when using CC for receiving receipt!

Sponsorship Level (Check one please):

- Title Sponsor: \$10,000
- Battalion Chief Sponsor: \$5,000
- Captain Sponsor: \$2,500
- Firefighter Sponsor: \$1,000
- Cadet Sponsor: \$500

Payment Options: Please invoice me Check attached to this form Credit Card

TOTAL to be invoiced/billed: \$ _____

(Pay securely by credit card on www.SalemFireFoundation.org) **OR**

Card Number: _____

Exp. Date: _____ **CVV:** _____ **Zip:** _____

Cardholder Name: _____

Cardholder Signature: _____

Pay by check?

Please make check payable to:

Salem Fire Foundation
PO Box 2920
Salem, OR 97308-2920

Mail, or Email completed form to:

Salem Fire Foundation, PO Box 2920, Salem, Oregon 97308-2920
office@salemfirefoundation.org 503-371.7457 x300 Fax: 503-585-8547