



Sponsorship Package Levels

On Saturday, March 20, 2010 the United Cerebral Palsy of Metropolitan Detroit will host their 10th Annual UCP Hockey Fundraiser at the Viking Ice Arena in Hazel Park. The UCP Pucksters will take on the Detroit Red Wing Alumni in a charity game that will benefit the UCP/Detroit programs and events. Proceeds from this charity event will be used to assist people with disabilities and their families. UCP/Detroit is a local non-profit advocacy organization representing the needs of all people with disabilities.

The Hockey Fundraiser is one of our biggest events that raises over \$20,000 a year. With your help we can make sure that families who have adults or children with CP can get the assistance they need with employment, assistive technology and person-centered advocacy.

This year's corporate sponsorship includes the following sponsorship levels: **The Championship- \$2,500; the Ice Sponsor - \$1,500; and the VIP sponsor - \$1,000.** Corporate sponsors will receive their company name listed on the invitation, which will be mailed to over 1,000 guests and much, much more. Please take a moment to review the enclosed sponsorship package to see other exciting incentives to becoming a corporate sponsor, while selecting the sponsorship level most appropriate for your company.

To ensure that your company receives the appropriate recognition in the invitation, we ask that you respond with your selected level of support, by **Feb 15 , 2010.**

Should you have any questions or need additional information please feel free to contact Leslynn Angel, President UCP Detroit at **(248) 557-5070** or Mike Ward, Event Chairperson mward@donerus.com. We look forward to sharing this dynamic experience with you at the 8th Annual UCP Hockey fundraiser..



This year's game is being played in honor of Roger McCarville, a tireless advocate for the disability community, a UCP board member and a good friend.





VIP SPONSOR \$1000

This level includes:

- Company name and logo on all printed materials
- Includes invitation, program book, flyers, signage, posters and banners
- Logo on the front of UCP Pucksters jerseys
- One player to play in hockey game (\$500 value-waiver must be signed)
- Full page ad in program book
- Five company employees to have picture taken with the UCP Pucksters and Detroit Red Wing Alumni
- To be included in the UCP newsletter and on UCP website
- 10 tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams
- Corporate Thank You gift



ICE SPONSOR \$1500

This level includes:

- Company name and logo on all printed materials
- Includes invitation, program book, flyers, signage, posters and banners
- Half-page ad in program book
- Logo on game puck (100 pucks are produced)
- Two company employees to have picture taken with the UCP Pucksters and Detroit Red Wing Alumni
- To be included in the UCP newsletter and on UCP website
- Six tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams
- Corporate Thank You gift



CHAMPION SPONSOR \$2500

This level includes:

- Company name and logo on all printed materials
- Includes invitation, program book, flyers, signage, posters and banners
- Logo on the front of UCP Pucksters jerseys
- One player to play in hockey game (\$650 value-waiver must be signed)
- Full page ad in program book
- Five company employees to have picture taken with the UCP Pucksters and Detroit Red Wing Alumni
- To be included in the UCP newsletter and on UCP website
- 10 tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams
- Corporate Thank You gift



10th Annual UCP Hockey Fundraiser Sponsorship Form
Please return this form by March 1, 2010 to:

UCP/Detroit-Attn: 2009 Red Wings Alumni Game23077
Greenfield Road, Suite 205Southfield, MI 48075(
248) 557-5070 (248) 557-0224 fax



CHECK ALL THAT APPLY

Champion Sponsor
\$2,500

Ice Sponsor
\$1,500

VIP Sponsor
\$1000

Individual Tickets
\$10 per person

Family Pack
\$25 for family of 5

Afterglow
\$10 per person
Donation

Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Method of Payment:

Check

MasterCard Visa American Express

_____ Exp: _____

Please Bill Me