



SPONSORSHIP LEVELS & BENEFITS

Deadline for recognition: November 1, 2023

Donate online at www.LauritzenGardens.org/DecktheHolidays

Luncheon tickets

Copy of guest speaker's book

Logo recognition

Recognized from podium

Sponsor recognitions below

Value of benefits
(goods & services)

Tax-deductible amount

Poinsettia \$5,000	Holly \$2,500	Mistletoe \$1,500	Spruce \$1,000	Amaryllis \$500
8	8	4	2	1
8				
❄	❄			
❄	❄	❄		
❄	❄	❄	❄	❄
\$540	\$400	\$200	\$100	\$50
\$4,460	\$2,100	\$1,300	\$900	\$450

December 7, 2023

Questions or to reserve a table?

Please email

s.seim@omahabotanicalgardens.org

or call (402) 346-4002, ext. 219

All sponsors of DECK THE HOLIDAYS will be recognized:

- On event signage at the Lauritzen Gardens visitor & education center
- In the event program and other select marketing materials
- On the Lauritzen Gardens website



2023 Deck the Holidays: theme name TBD

Sponsor Pledge Form

☐ I WOULD LIKE TO BE A SPONSOR AT THE FOLLOWING LEVEL:

☐ Poinsettia \$5,000 ☐ Holly \$2,500 ☐ Mistletoe \$1,500 ☐ Spruce \$1,000 ☐ Amaryllis \$500

☐ I AM NOT ABLE TO SPONSOR THE EVENT BUT HAVE ENCLOSED A DONATION.

☐ I DO NOT WISH TO BE A SPONSOR, BUT I WOULD LIKE TO PURCHASE A TABLE.

NAME: _____

NAME TO BE PRINTED IN RECOGNITION: _____

ADDRESS: _____ CITY/ST/ZIP: _____

EMAIL (*required if paying by credit card*): _____ PHONE: _____

☐ I WISH TO REMAIN ANONYMOUS

Please mail this completed form
with payment to:

Lauritzen Gardens
 Attn: Guild
 100 Bancroft St.
 Omaha, NE 68108

Please respond by November 1, 2023

Individual Donor

☐ Check enclosed (*payable to Lauritzen Gardens*)

☐ I will forward a check by _____ (*date*)

☐ Invoice me: _____ (*date to be invoiced*)

☐ Credit Card

☐ VISA

☐ MASTERCARD

☐ DISCOVER

CARD # : _____

SECURITY CODE: _____ EXP. DATE: _____

CHARGE: \$ _____ SIGNATURE: _____

Foundation Donor

☐ Enclosed is a check from my foundation for
\$ _____

☐ My foundation will forward a check to you
_____ (*by this date*)

☐ I would like to use my benefits and have enclosed personal
payment for the value of the benefits only

☐ I do not want to use my benefits

SIGNATURE: _____ DATE: _____