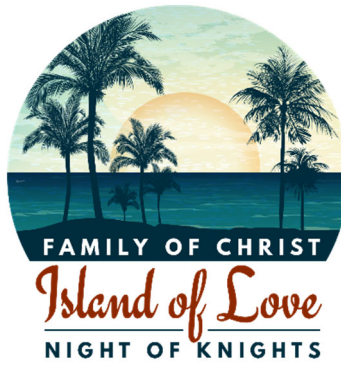


**Family of Christ School
Auction Fundraiser
February 4th, 2023**



**NIGHT OF KNIGHTS
SUPPORT FORM**
Please return by January 21st

Name/Company: _____
(Please list name as it should appear on auction website)

Email: _____

Contact: _____

Website: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

In honor of: _____

SPONSORSHIPS

I would like to support Family of Christ as a Sponsor.

\$2,500 KNIGHTS Sponsor
VIP Thank you recognition on the digital school marquee with logo running on a continuous loop daily during February and March, 6 VIP seats at the event, logo on big screen at event, logo in school newsletter and on FOC website with link to your website February – March, full-page ad flier sent home in all 160+ FOC family folders. (MUST PROVIDE LOGO)

\$1,000.00 Gold Sponsor
Thank you recognition on the digital school marquee with logo on a continuous loop February 15 - March 15, 4 VIP seats at event, logo on big screen at event, name in school newsletter and on FOC website with link to your website February – March, full-page ad flier sent home in all 160+ FOC family folders. (MUST PROVIDE LOGO)

\$750.00 Silver Sponsor
2 VIP seats at the event, recognition in school newsletter, half-page ad flier sent home in all 160+ FOC family folders.

\$500.000 Bronze Sponsor
Thank you recognition listed in school newsletter.

\$ _____ .00 (fill in amount)

DONATED ITEMS

I would like to donate an auction item.

QTY	ITEM DESCRIPTION	ESTIMATED VALUE
_____	_____	\$ _____
_____	_____	\$ _____

Please check one:

I will deliver/mail item to FOC no later than January 21st. _____ Date

Please pick-up my donation. (Local Only) _____ **Donor Signature** _____ **Date** _____

Please create a Gift Certificate on my behalf. Exp. ____ / ____ / ____
(When possible, we kindly ask for gift certificates to expire a minimum of 1 year from the event date.)

PAYMENT

Cash/Check made out to Family of Christ

Tuition Express (School Families Only)
Name (please print): _____ Amount: \$ _____
Authorized Signature: _____

Credit Card Name on card: _____ Amount: \$ _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Authorized Signature: _____

Please return this completed form to: NOK Chair, Jayme Dolence • 16190 Bruce B. Downs Blvd. • Tampa, FL 33647