



voices for children
of Broward County

Back-to-School Drive

SPONSORSHIP OPPORTUNITIES 2026



THE HEAD OF HERO ACADEMY

\$3,000

As our Presenting Sponsor, your support sets the stage for an unforgettable day of empowerment and excitement.

BENEFITS INCLUDE:

- ★ Recognition as Presenting Sponsor on all Back-to-School event signage
- ★ Social media mention
- ★ Opportunity to have up to 6 volunteers at the Back-to-School Shopping Day



THE CLASSROOM CHAMPION

\$1,500

Your sponsorship helps make this super-powered school day possible, from backpacks to back-to-school smiles.

BENEFITS INCLUDE:

- ★ Recognition as Sponsor on day-of signage
- ★ Social media mention
- ★ Opportunity to have up to 4 volunteers at the Back-to-School Shopping Day



THE SIDEKICK SPONSOR

\$500

This level helps ensure every detail of the day is packed with care and courage.

BENEFITS INCLUDE:

- ★ Recognition as Sponsor on day-of signage
- ★ Social media mention
- ★ Opportunity to have up to 2 volunteers at the Back-to-School Shopping Day

Together, we can fill backpacks, build confidence, and change futures.



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Back-to-School Drive

SPONSORSHIP COMMITMENT FORM 2026

Together, we can help children in foster care start the school year with confidence, dignity, and hope.



THE HEAD OF THE HERO ACADEMY \$3,000

As our Presenting Sponsor, your support sets the stage for an unforgettable day of empowerment and excitement.



THE CLASSROOM CHAMPION \$1,500

Your sponsorship helps make this super-powered school day possible, from backpacks to back-to-school smiles.



THE BACKPACK BUILDER \$500

This level helps ensure every detail of the day is packed with care and courage.



We are unable to sponsor at this time, but please accept our donation of \$_____ to support the Back-to-School Drive.

CONTACT INFORMATION

Organization / Company Name _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT INFORMATION

Check Enclosed (Payable to Voices for Children of Broward County) Please invoice me.

PAYMENT METHOD

Credit Card Visa MasterCard American Express Discover

Card Number _____

Expiration Date _____ CVV _____ Zip Code _____

Name on Card _____

Signature _____



Form can be returned to:

Voices for Children of Broward County • 401 E. Las Olas Blvd., Ste 130-301 • Fort Lauderdale, FL 33301

— or —



Email form to carhsea@voicesbroward.org.



Online: <https://voicesbroward.org/back-to-school/>



Please contact 954-367-9185 with any questions

