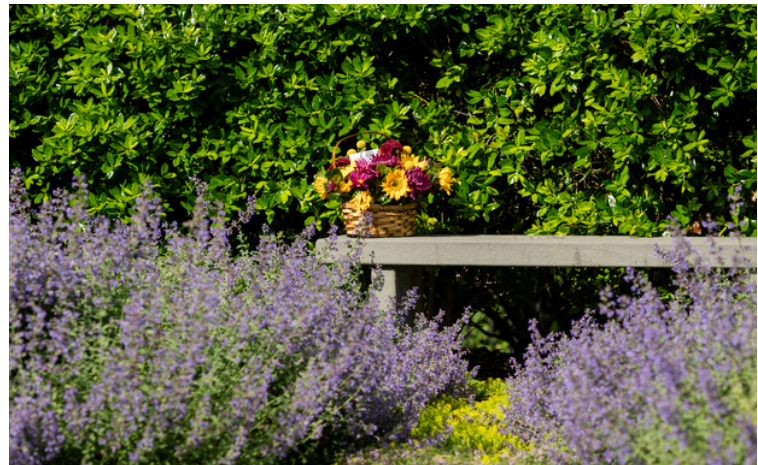


The Garden Party

supporting **random acts**
OF FLOWERS®



THURSDAY MAY 1, 2025

Knoxville Botanical Gardens- Dogwood Center

5:30-8:00PM

Sponsorship Opportunities

Random Acts of Flowers invites you to support our annual Garden Party, a celebration of our mission to deliver kindness and joy through flowers. Your sponsorship directly impacts our ability to serve the community, bringing smiles to those in healthcare and assisted living facilities.



Iris  \$10,000

- Up to 10 event tickets
- Company logo/personal name listed in event materials
- Highlighted during event announcements
- 1,500 branded delivery cards



Lily  \$5,000

- Up to 8 event tickets
- Company logo/personal name listed in event materials
- Highlighted during event announcements
- 500 branded delivery cards

Hydrangea  \$2,500

- Up to 6 event tickets
- Company logo/personal name listed in event materials
- Highlighted during event announcements
- 250 branded delivery cards



Rose  \$1,000

- Up to 4 event tickets
- Company logo/personal name listed in event materials
- 100 branded delivery cards

Daisy  \$500

- Up to 2 event tickets
- Company logo/personal name listed in event materials

Individual ticket sales (\$150) are available.

Random Acts of Flowers, a registered IRS-determined 501(c)(3) charitable organization. (Tax ID: 26-3006360). Your sponsorship is tax-deductible to the extent allowed by law, excluding \$45.75 per ticket, the fair market value of this event's food and beverage. No other goods or services were provided in exchange for the donation listed.

For more information, please contact RAF Executive Director, Ally Slavick, at 865-633-9082 or ally@rafknoxville.org.
Learn more about our organization at www.RAFKnoxville.org.

random acts

OF FLOWERS®



SPONSORSHIP FORM

EVENT: Garden Party

DATE: May 1, 2025

SPONSORSHIP LEVEL (circle one):

IRIS (\$10,000)

LILY (\$5,000)

HYDRANGEA (\$2,500)

ROSE (\$1,000)

DAISY (\$500)

NAME: _____

COMPANY: _____

CONTACT: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

BILLING:
(check one)

INVOICE ME (to address above)

CHECK ENCLOSED

PAY BY CREDIT CARD (in full)

PAY BY CREDIT CARD (in quarterly installments)



NAME: _____

CARD #: _____

EXP: _____ CVV: _____



*A Glimpse
into the 2024
Sairée*

