



BRIGHTER DAYS

Come join us in celebrating the youth of NWA, and ensuring Brighter Days are ahead. This event helps fund the programs of Community Service, Inc., which helps serve at-risk youth and their families. **No one is ever asked to pay out of pocket for the services provided.** This helps ensure youth receive the care they need in times of crisis.

Proposal for Support



Thursday, March 7, 2024
Heroncrest Event Center
6:00 p.m. - 9:00 p.m.
www.csiyouth.com

Community Service, Inc. (CSI) is a 501(c)3 youth and family services organization serving youth 18 and younger. Our service professionals are committed to helping youth in need through mental health services prevention and education, foster care, day treatment, substance abuse services and juvenile justice.



The organization is accredited by the Council on Accreditation (COA) and is a member of the Arkansas Youth Service Providers Association. Our programs and

services are licensed or approved by the Arkansas Department of Health and Human Services, Arkansas Child Welfare Licensing Board, and the Arkansas Bureau of Alcohol and Drug Abuse Prevention.

Our mission is to be a leader in providing quality services to youth and their families that will empower them to attain success in their homes, schools, careers and communities.



MENTAL
health
MATTERS



YOU ARE
enough



**Scan QR Code for more information on
Community Service, Inc.**



BRIGHTER DAYS SPONSORSHIP LEVELS

\$10,000

Presenting

- **Permanent** Recognition Plaque located in Rogers & Springdale
- Recognition in media coverage
- Prominent recognition on Event Signage as **Presenting Sponsor**
- **25 Tickets** and reserved seating
- Recognition at Brighter Days Event
- Recognition in the CSI, Inc. Youth Foundation's Annual Report
- **Home** Page recognition on web site

\$5,000

Leadership

- Recognition in media coverage
- Recognition on Event Signage as **Leadership Sponsor**
- **20 Tickets** and seating
- Recognition at Brighter Days Event
- Recognition in the CSI, Inc. Youth Foundation's Annual Report
- Recognition on web site

\$2,500

Hope

- Recognition on Event Signage as **Hope Sponsor**
- **15 Tickets**
- Recognition at Brighter Days Event
- Recognition in the CSI, Inc. Youth Foundation's Annual Report
- Recognition on web site

\$1,500

Mentor

- Recognition on Event Signage as **Mentor Sponsor**
- **10 Tickets**
- Recognition at Brighter Days Event
- Recognition in the CSI, Inc. Youth Foundation's Annual Report
- Recognition on web site

\$500

Partner

- Recognition on Event Signage as **Partner Sponsor**
- **5 Tickets**
- Recognition at Brighter Days Event
- Recognition in the CSI, Inc. Youth Foundation's Annual Report
- Recognition on web site

\$75 or
2 for \$100

Individual

- **1 Ticket**
- Recognition in the CSI, Inc. Youth Foundation's Annual Report

Contact: Lisa Garner - Development Officer

Lgarner@csiyouth.com

501-350-9652 Mobile

479-278-7028 Office

Community Service, Inc. Youth Foundation

P. O. Box 3105

Rogers, AR 72757

www.csiyouth.com

CSI is unique in that there are no income requirements for services and no child is turned away due to inability to pay. Those without a payment source may request assistance from other CSI funding sources such as the Community Service Youth Foundation.



2nd Annual Brighter Days Fundraiser March 7, 2024

Your contribution is a tax deductible charitable contribution to:
Community Service Youth Foundation - EIN#: 58-1674673

Yes, I will support the future of Community Service Youth Foundation and help by sponsoring the 2nd Annual Brighter Days Fundraiser

- \$10,000.00 Presenting Sponsorship
- \$5,000.00 Leadership Sponsorship
- \$2,500.00 Hope Sponsorship
- \$1,500.00 Mentor Sponsorship
- \$500.00 Partner Sponsorship
- ___ # of tickets @ \$75.00 or 2 for \$100.00
- I cannot attend, but I wish to make a gift of \$ _____
Community Service Youth Foundation to benefit at-risk youth in my community.

PAYMENT:

- My Check is enclosed. Make check payable to Community Service Youth Foundation.
- Please invoice me on (date): _____
- I would like to pay ___ installments recurring every ___ and starting on (date) _____
(Must be paid out by June 1, 2024 - Sponsorship Only)
- Made payment online via credit card www.csiyouth.com Amount \$ _____

RECOGNITION:

Please recognize my contribution as follows:

Name: _____
 Address: _____
 Email: _____
 Phone Number: _____
 Signature: _____
 Date: _____

Return completed Letter of Intent to:

Lisa Garner, Development Officer
 Community Service Youth Foundation
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 Rogers, AR 72757
 Office: 479-278-7028
 Cell: 501-350-9652
 Email: lgarner@csiyouth.com