



2026 SPONSORSHIP OPPORTUNITIES



Help connect those in need with those who care.

PURPOSE

Tempe Community Council (TCC) is proud to host our 8th Annual Care Fair Tempe.

Care Fair Tempe connects 70+ local human services organizations and providers with the people that need them the most.

IMPACT

With your sponsorship, you support the core of TCC's mission to link those in need to the resources that can help them, and help connect volunteers to opportunities in their neighborhood. Cultivate a culture of service in your community with a sponsorship today.

Saturday, March 28, 2026
9:00am—Noon

Tempe Community Complex
3500 S. Rural Road, Tempe

sponsorship opportunities



	BENEFITS	HAYDEN/TITLE \$5,000	CHANGEMAKER \$3,000	VISIONARY \$1,500	ADVOCATE \$750	FOUNDING \$500	CHAMPION \$300	FRIEND \$100
Sponsor Logo or Name	Social Media Posts	Solo w/Video	Solo	Solo	Joint	Joint	Joint	Joint
	TCC Website Event Page	*	*	*	*	*	*	*
	Event Signage	*	*	*	*	*	*	*
	Verbal Recognition at Event	*	*	*	*	*	*	
	Digital E-Blasts	*	*	*	*			
	Dedicated Event e-Communications	*	*					
	Printed Event Flyers	*	*					
	Press Release Co-Announcement	*						



SPONSORSHIP AGREEMENT



Yes! I want to help connect those in need with those who care

Sponsor Information

Company Name/Name _____

Main Contact _____

Address _____

City, State, Zip _____

Phone Number _____

Email _____

Sponsorship Level:

- ☐ **Hayden/Title**—\$5,000 ☐ **Founding**—\$500
☐ **Changemaker**—\$3,000 ☐ **Champion**—\$300
☐ **Visionary**—\$1,500 ☐ **Friend**—\$100
☐ **Advocate**—\$750 ☐ **Other \$** _____

My signature below indicates that I am an authorized representative of this company.

Signature _____ Date _____

Methods of Payment

Step 1:

Mail or email signed agreement to:



117 E 5th St, Suite 200
Tempe, AZ 85281
tccinformation@tempe.gov
480.858.2300

Step 2:

Please submit sponsorship funds by February 28, 2026

To receive maximum benefits above, sponsorship must be secured prior to publication deadlines which may be before February 28



Online: www.tempecommunitycouncil.org/care-fair

Check: Payable to *Tempe Community Council—Care Fair*

Credit Card: Please charge my credit card:

☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover

Account # _____

Exp. Date _____ CVC# _____

Name on Account _____

Authorized Signature _____

Date _____