

17th Annual

Keyholder BREAKFAST

Creating Opportunities. Lifting Lives.

Tuesday, April 5, 2022

7:30 AM - 9:00 AM

Courtyard by Marriott
Dallas Carrollton Conference Center

Gold Sponsors



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Click here to learn more about Keyholder Breakfast sponsorship opportunities



Join us for the 17th Annual Keyholder Breakfast

Tuesday April 5, 2022 | 7:30 AM - 9:00 AM
Courtyard by Marriott
Dallas Carrollton Convention Center

Sponsorship Packages

Presenting Sponsor: \$20,000

Includes naming rights to the event, sponsorship plaque, logo/name on all marketing materials, profile in program, logo/name in multimedia presentation and 20 tickets with preferred seating

Platinum Sponsor: \$10,000

Includes sponsorship plaque, logo/name on all marketing materials, profile in program, logo/name in multimedia presentation and 10 tickets to the breakfast

Gold Sponsor: \$5,000

Includes logo/name on all marketing materials, profile in program, logo/name in multimedia presentation and 10 tickets to the breakfast

Silver Sponsor: \$2,500

Includes logo/name on all marketing materials, logo/name in program, logo/name in multimedia presentation and 10 tickets to the breakfast

Brass Sponsor: \$1,000

Includes name in program, event flyer, and multimedia presentation and 10 tickets to the breakfast

Bronze Sponsor: \$500

Includes name in program and 5 tickets to the breakfast

Keyholder: \$250

Includes name in program and 2 tickets to the breakfast

Breakfast in Bed: Sorry, I am unable to attend. Please accept my donation of \$ _____

For sponsorship details, contact Rhonda Ross at 972-446-2100 ext. 164 or email: ross@metrocrestservices.org

Yes! I would like to register!

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Sponsorship Information:

- Presenting Keyholder Sponsor: \$20,000
- Platinum Keyholder Sponsor: \$10,000
- Gold Keyholder Sponsor: \$5,000
- Silver Keyholder Sponsor: \$2,500
- Brass Keyholder Sponsor: \$1,000
- Bronze Keyholder Sponsor: \$500
- Keyholder: \$250
- Single Tickets \$75 Qty: _____
- Individual Donation \$ _____

Payment Information:

Check enclosed - Check # _____

Credit Card information:

Cardholder's Name (please print) AMEX Mastercard Visa Discover

Credit Card Number

____/____
Expiration Date

Billing Address: _____

City _____ State _____ Zip Code _____

Please send invoice.

Please submit registration form to: Fax (214) 694-2171
Email: ross@metrocrestservices.org

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