Neuro Challenge
Foundation for Parkinson's
You'll Never Walk Alone

CAUSE 4 FASHION

FRIDAY, DECEMBER 4, 2026

11:00 AM–1:30 PM

GROVE BALLROOM
10670 BOARDWALK LOOP | LAKEWOOD RANCH, FL 34202

EVENT CHAIRS: Gana Gilkey and Kathy Gilkey

HONORARY CHAIRS:
Monica Van Buskirk
and Dr. Richard Van Buskirk

For more information visit
NeuroChallenge.org

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DECEMBER 4, 2026 | 11:00AM - 1:30PM | GROVE BALLROOM, LAKEWOOD RANCH

PRESENTING SPONSOR- $5,000

Fair market value- $360

- (1) Table of 8
- Premier Runway Seating
- Prominent logo on invitation
- Prominent logo on the event website
- Prominent Logo on welcome signage
- Video Screen acknowledgement
- Opportunity to provide a promotional item for all attendees
- Opportunity to Welcome Guests from stage
- Recognition in event communications and promotional materials

DIAMOND SPONSOR- $3,000

Fair market value- $360

- (1) Table of 8
- Premier Runway Seating
- Logo recognition on invitation
- Logo recognition on event website
- Video Screen acknowledgement
- Recognition on welcome signage
- Opportunity to provide a promotional item for all attendees

GOLD SPONSOR- $2,000

Fair market value- $360

- (1) Table of 8
- Preferred Runway Seating
- Logo on invitation and event website
- Video Screen acknowledgement
- Recognition on welcome signage

SILVER SPONSOR- $1,000

Fair market value- $360

- (1) Table of 8
- Listing on invitation and event website
- Video Screen acknowledgement
- Recognition on welcome signage

BRONZE SPONSOR- $500

Fair market value- $180

- (4) Tickets
- Listing on event website
- Video Screen acknowledgement
- Recognition on welcome signage

INDIVIDUAL - $75

Fair market value- $45

- (1) Ticket

Scan to Secure Your Spot
or visit NeuroChallenge.org

Questions? Contact Traci Willingham, Community Relations Director
traci@neurochallenge.org | 941-926-6413.

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CAUSE 4 FASHION

2026 Cause 4 Fashion Sponsorship Commitment Form

Today's Date: _____

Contact Person:_____

Company: _____

Signature of Authorized Representative: _____

Print Name (if different from above): _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Choose Sponsor Level

- ◯ **Presenting Sponsor- $5,000**
- ◯ **Diamond Sponsor- $3,000**
- ◯ **Gold Sponsor- $2,000**
- ◯ **Silver Sponsor- $1,000**
- ◯ **Bronze Sponsor- $500**
- ◯ **Individual Ticket- $75**

◯ **Please invoice (top portion of form must be complete)**

◯ Check (Payable to: Neuro Challenge Foundation for Parkinson's)
Mailing Address: 722 Apex Rd. Suite A, Sarasota, FL 34240

◯ Credit Card:

Name on Card:_____

Billing Address:_____

City: _____ State: _____ Zip: _____

Card Number:_____

Expires: _____ CCV# _____

Return to: info@neurochallenge.org • 941-926-6413