



*a night to*  
**IGNITE**

IGNITE THE PURPOSE, PRACTICE, AND PASSION OF  
PCOM GEORGIA STUDENTS

**UNITED & IGNITED**

A CAMPAIGN FOR PCOM

# *a night to* **IGNITE**

**OCTOBER 24, 2025, GAS SOUTH CENTER**

## **SPONSORSHIP OPPORTUNITIES**

All proceeds from the event will be directed to scholarships for students attending PCOM Georgia who hail from Gwinnett County and its environs.

### **IGNITED - \$50,000**

- Recognition as an Ignited Sponsor on the invitation (if confirmed by July 1st)
- Recognition at the Celebration as an Ignited Sponsor
- Premier seating for 8 guests (1 table)
- Inclusion in the Celebration program
- Recognition on the United & Ignited campaign website
- Recognition as a United & Ignited "Corporate Partner" throughout the campaign

### **PURPOSE - \$25,000**

- Recognition at the Celebration as a Purpose Sponsor
- Seating for 8 guests (1 table)
- Inclusion in the Celebration program
- Recognition on the United & Ignited campaign website
- Recognition as a United & Ignited "Corporate Partner" throughout the campaign

### **PRACTICE - \$10,000**

- Recognition at the Celebration as a Practice Sponsor
- Seating for 6 guests
- Inclusion in the Celebration program
- Recognition on the United & Ignited campaign website
- Recognition as a United & Ignited "Corporate Partner" throughout the campaign

### **PASSION - \$5,000**

- Recognition at the Celebration as a Passion Sponsor
- Seating for 4 guests
- Inclusion in the Celebration program
- Recognition on the United & Ignited campaign website

### **SUPPORTER - \$2,500**

- Recognition at the Celebration as a Supporter
- Seating for 2 guests
- Recognition on the United & Ignited campaign website

**SPONSORSHIP FORM ON FOLLOWING PAGE**

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## **SPONSORSHIP OPPORTUNITIES**

___ IGNITED Sponsorship	\$50,000
___ PURPOSE Sponsorship	\$25,000
___ PRACTICE Sponsorship	\$10,000
___ PASSION Sponsorship	\$5,000
___ SUPPORTER	\$2,500

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ We will click [here](#) to pay online by credit card via PCOM's secure server.

\_\_\_ Our check made payable to "PCOM Foundation" is enclosed.

\_\_\_ Please invoice us on \_\_\_\_\_ [insert date].

### **RETURN THIS FORM TO:**

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