



12TH ANNUAL

TRUMAN DINNER

SPONSORSHIP LEVELS + BENEFITS

PLATINUM LEVEL (TITLE SPONSOR): \$20,000

- ★ 16 tickets
- ★ Logo on MDP website and social media platforms
- ★ Logo in Truman Dinner digital program
- ★ VIP Reception access for all ticket holders
- ★ Logo displayed on Truman Dinner event screen
- ★ Verbal recognition from podium at the Truman Dinner
- ★ Exclusive Meet and Greet access with special guests
- ★ Title sponsorship of dinner events

GOLD LEVEL: \$10,000

- ★ 8 tickets
- ★ Logo on MDP website and social media platforms
- ★ Logo in Truman Dinner digital program
- ★ Reception access for all ticket holders
- ★ Logo displayed on event screen

SILVER LEVEL: \$5,000

- ★ 8 tickets
- ★ Logo on MDP website and social media platforms
- ★ Logo in Truman Dinner digital program
- ★ VIP Reception access for all ticket holders

BLUE LEVEL: \$2,000

- ★ 8 tickets
- ★ Logo on MDP website and social media platforms
- ★ Logo in Truman Dinner digital program

VIP TICKET: \$500 (Includes VIP Reception Access)

INDIVIDUAL TICKET: \$200

EARLY-BIRD TICKET: \$175 (Available 4/15 - 6/30/2025)

★TRUMANDINNER.ORG★



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SPONSORSHIP SUPPORT FORM

CHOOSE YOUR SPONSORSHIP LEVEL:

- PLATINUM LEVEL: \$20,000**
- GOLD LEVEL: \$10,000**
- SILVER LEVEL: \$5,000**
- BLUE LEVEL: \$2,000**
- VIP TICKET: \$500 X _____**
- INDIVIDUAL TICKET: \$200 X _____**
- EARLY-BIRD TICKET: \$175 X _____**

SPONSORSHIP TOTAL: \$ _____

To ensure you receive all sponsorship benefits, please fill out the registration form at bit.ly/truman2025 by **September 1, 2025**.

VIP and individual ticket purchases are due by **September 13, 2025**.

Submit this completed form by mailing to:
Missouri Democratic Party
4218 Roanoke Road, Suite 304
Kansas City, MO 64111

CONTACT/PAYMENT INFORMATION:

Company/Organization/PAC/Campaign Committee _____

Contact Name _____ Title _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Check (Payable to **Missouri Democratic Party**)

Credit/Debit Card: VISA MC AX DS

Name on Card _____

Card Number _____

Address/City/State/Zip (If different from above.) _____

Exp. Date _____ CVC _____

Signature _____

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