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Dear friend of C&A,

We're calling the play early: **Child & Adolescent Behavioral Health (C&A)** is seeking sponsors for our **20th Annual Let Your Light Shine fundraiser on September 20** – and we'd love to have you on the team!

This year's theme, Let Your Light Shine - A Night Under the Lights, is all about coming together in support of children's mental and behavioral health in Stark County. As a sponsor, **you'll make a game changing impact** for the more than 4,000 youth we serve annually and enjoy exclusive perks as part of our winning lineup.

To celebrate this milestone year, we're also introducing a new tradition: the **Nancy Pryce: Let Your Light Shine Bright Award**, honoring those who have gone the extra yard for our mission. Your sponsorship helps us recognize these champions and continue to make an impact in the lives of children and families across Stark County.

Enclosed is your sponsorship playbook, packed with details to help you pick the perfect level of support. Whether you choose to be a quarterback level sponsor or cheer from the sidelines, every dollar helps kids in our community shine.

Join us for a night full of heart, purpose, and team spirit – and help us score big for children's mental health.

On behalf of the entire C&A team, thank you for your continued commitment to building a future filled with health, hope, happiness and opportunity. We hope to see you on game day!

Warmly,

Jamie

Jamie Lowry
Let Your Light Shine
Chair

Lindsay

Lindsay Smith
Let Your Light Shine
Co-Chair

Melissa

Melissa Coultas
C&A CEO



Child & Adolescent
Behavioral Health

Let Your Light Shine 2025



Sponsorship Opportunities

	BEACON \$10,000	SHINE \$5,000	ENVELOPE \$3,000	ONLINE \$3,000	SPARKLE \$2,500	TABLE \$1,500	GLOW \$1,000	STAR \$500	PROGRAM \$250
# OF TICKETS TO EVENT	16	10	8	8	6	4	4	2	--
PRE- EVENT RECOGNITION									
SOCIAL MEDIA RECOGNITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOGO ON WEBSITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
EVENT NIGHT									
PROGRAM AD	FULL PAGE	FULL PAGE	1/2 PAGE	1/2 PAGE	1/2 PAGE	1/4 PAGE	--	--	--
PROGAM LISTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENT SIGNAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ON TABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERBAL RECOGNITION AT EVENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--	--
POST EVENT RECOGNITION									
DONOR RECOGNITION AT BELDEN OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--	--
EXCLUSIVE PERKS									
ENVELOPE \$3,000	PREMIER LOGO ON DONATION ENVELOPE								
ONLINE \$3,000	PREMIER LOGO ON SILENT AUCTION SITE								

20th Annual Let Your Light Shine

Saturday, September, 20
Pro Football Hall of Fame Nash
Family Event and Conference
Center

**Sponsorship form and program ad
artwork is due by August 27, 2025**

To confirm sponsorship, scan the
QR code below, visit onecau.se/lyls
or complete the form below.

Sponsorship payment can be
submitted on the event website or
via check, mail bottom of this form
and check to:

Child and Adolescent Behavioral Health
Attn: Mission Advancement
1801 Schneider St. N.E., Door 6,
Canton, OH 44721



Mail in Sponsorship

SPONSORSHIP LEVEL

Beacon: _____ Shine: _____ Envelope: _____ Online: _____
Sparkle: _____ Table: _____ Glow: _____ Star: _____
Event Program: _____

Check enclosed: _____ Invoice me: _____

Tax ID: 34-1191950

The undersigned agrees to the tax-deductible donation described
above to benefit Child and Adolescent Behavioral Health.
Thank you for your support!

SPONSORSHIP INFORMATION

Name: _____

Title: _____ Company: _____

Email Address: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature

Date