Kimberly's Center for Child Protection

ANNUAL EVENT | SEPTEMBER 15-16,2026

Join the Fight Against Online Exploitation of Children

Kimberly's Center for Child Protection, in partnership with the Marion County Sheriff's Office, the Ocala Police Department, and the Office of the State Attorney, Marion County, announces a critical initiative to combat the online exploitation of children.

This collaborative effort seeks to raise public awareness and secure essential funding in support of the local Internet Crimes Against Children (ICAC) Collaborative. The ICAC Collaborative plays a vital role in investigating and preventing internet-facilitated crimes against children in our community.

HELP SPONSORSHIP

$10,000

This level of support receives:

- This level of investment funds a specific program for the year
- Opportunity to provide company video, which we will promote on our digital newsletter and social media channels
- Opportunity for company leadership video interview for our digital newsletter and social media channels
- Recognition in all public relations efforts
- Recognition in all Give4Marion promotions created by Kimberly's Center
- Special Invitation for company leaders to attend the Give4Marion wrap-up event at the Reilly Arts Center

HOPE SPONSORSHIP

$5,000

This level of support receives:

- This level of investment funds a specific program for the year
- Recognition in all public relations efforts
- Recognition in all Give4Marion promotions created by Kimberly's Center
- Special Invitation for company leaders to attend the Give4Marion wrap-up event at the Reilly Arts Center

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HEAL SPONSORSHIP

$2,500

his level of support receives:

- This level of investment funds a specific program for the year
- Special recognition during Give4Marion promotions created by Kimberly's Center

RESPOND SPONSORSHIP

$1,000

This level of support receives:

- This level of investment funds a specific program for the year
- Special recognition during Give4Marion promotions created by Kimberly's Center

SPONSOR INFORMATION

Name / Company Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

We do not wish to be an official sponsor, please accept our contribution of $ _____

PAYMENT TYPE: ☐ CREDIT CARD ☐ CHECK

CREDIT CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

NAME ON CARD: _____ **SIGNATURE:** _____

CC#: _____ **EXPIRATION:** _____ **SECURITY CODE:** _____

REGISTRATION #CH10104