

Cabrini Immigrant Services'
Liberty & Justice
Awards Reception

October 17, 2018

SPONSORSHIP OPPORTUNITIES

- GOLD SPONSOR** **\$4,000**
(Full Gold Page Sponsor e-journal ad and 10 tickets)
- SILVER SPONSOR** **\$3,000**
(Full Silver Page Sponsor e-journal ad and 7 tickets)
- BRONZE SPONSOR** **\$2,000**
(Full Bronze Page Sponsor e-journal ad and 5 tickets)

UNDERWRITING OPPORTUNITIES

- LIBERTY & JUSTICE EVENT UNDERWRITER** **\$10,000**
(includes 10 tickets, full page featured e-journal ad and prominent recognized sponsorship at the event)
- COCKTAIL & HORS D'OEUVRES UNDERWRITER** **\$8,000**
(includes 10 tickets, full page featured e-journal ad and prominent recognized sponsorship at the event)
- FLORAL (DÉCOR) UNDERWRITER** **\$6,000**
(includes 10 tickets, full page featured e-journal ad and prominent recognized sponsorship at the event)
- TRIBUTE JOURNAL UNDERWRITER** **\$5,000**
(includes 10 tickets, full page featured e-journal ad and prominent recognized sponsorship at the event)

TICKETS

- Please reserve _____ ticket(s) at \$200 each.
- I would like to donate _____ tickets to Missionary Sisters, volunteers or staff.
- I am unable to attend, but would like to make a donation in the amount of \$_____.

In honor of:

- Vanessa H. Merton, Esq. Sr. Pietrina Raccuglia, MSC

(over)

ELECTRONIC JOURNAL

- | | | | |
|--|---------|---|--------|
| <input type="checkbox"/> Full Gold Page | \$1,500 | <input type="checkbox"/> Half White Page | \$ 500 |
| <input type="checkbox"/> Full White Page | \$1,000 | <input type="checkbox"/> Quarter White Page | \$ 250 |
| | | <input type="checkbox"/> Name Listing | \$ 100 |

Please return this completed contract with payment to the Development Office, Cabrini Immigrant Services, c/o Cabrini of Westchester, 115 Broadway, Dobbs Ferry, NY 10522 before October 10, 2018. Checks should be made payable to Cabrini Immigrant Services. Journal ads are fully tax-deductible. Approximately \$125 of each ticket is tax-deductible.

Please fax this form to: Office of Development, (914) 693-1731. For more information please call (914) 693-6800 x 502. Ads can be sent electronically to: sherceg@cabrini-eldercare.org

Name: _____

Organization: _____

Phone: _____ E-Mail: _____

Street: _____

City: _____ State: _____ Zip: _____

- Enclosed is a check for \$_____ payable to Cabrini Immigrant Services.
- Please charge \$_____ to my credit card: Visa MasterCard American Express

Credit Card #: _____ Exp. Date: _____

Name of Cardholder: _____

Authorized Signature: _____