



HolyName

MS Awards Dinner

SPONSORSHIP OPPORTUNITIES

TABLE SPONSORSHIPS

<input type="checkbox"/> MS AWARDS SPONSOR	\$35,000
Three Tables of 10, Leadership Recognition and journal back cover	
<input type="checkbox"/> DINNER SPONSOR	\$25,000
Two Tables of 10, Recognition at the Dinner and journal inside front cover ad	
<input type="checkbox"/> COCKTAIL HOUR SPONSOR	\$20,000
One Table of 10, Recognition at the Cocktail Reception and back inside cover ad	
<input type="checkbox"/> CORPORATE SPONSOR	\$15,000
One Table of 10, Special Event Recognition and full page color ad	
<input type="checkbox"/> JOURNAL SPONSOR	\$10,000
One Table of 10, Journal Recognition and center spread full color ad	
<input type="checkbox"/> PARTNER SPONSOR	\$7,500
6 Dinner Tickets, Partner Event Recognition and journal listing	
<input type="checkbox"/> BENEFACTOR	\$5,000
4 Dinner Tickets, Benefactor Event Recognition and journal listing	
<input type="checkbox"/> FRIEND	\$2,500
2 Dinner Tickets and journal listing	
<input type="checkbox"/> TABLE OF TEN	\$2,500
<input type="checkbox"/> INDIVIDUAL TICKET	\$250
<input type="checkbox"/> PHYSICIAN AND STAFF TICKET	\$200

I will attend the MS Awards Dinner and have enclosed \$250 for each guest. (Please print all names on back)

Number of Guests _____

I will be a Table Sponsor. (Please see enclosure)

Number of Kosher Meals _____

I will place an ad in the Ad Journal. (Please see enclosure)

I'm **unable** to attend but I've enclosed a donation in honor of: _____

TOTAL AMOUNT ENCLOSED \$ _____

Name/Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone Number: _____

Check Enclosed (payable to Holy Name Foundation)

Sign Up Online: holyname.org/MsAwardsDinner

Please charge my Visa MasterCard American Express Discover

Card Number: _____ Exp. Date _____ Sec. Code _____

Cardholder Name (if different from above): _____

Billing Address of Card (if different from above): _____

Please seat me with the following people. My guest names are (please print):

_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell

For further information contact Lisa Futterman at
201-833-3000 ext. 3899, Lfutterman@holyname.org or visit www.holyname.org/foundation

Fair market value of goods received is \$125 per person. The Holy Name Foundation is a 501(c) (3) organization; tax ID#22-2737143.