

ST. CATHERINE OF SIENA GALA SPONSORSHIP OPPORTUNITIES & TICKETS

Please indicate your level of commitment by checking the appropriate boxes

- | | |
|-----------------------------------|----------|
| <input type="checkbox"/> PLATINUM | \$20,000 |
| <input type="checkbox"/> GOLD | \$15,000 |
| <input type="checkbox"/> SILVER | \$10,000 |
| <input type="checkbox"/> BRONZE | \$5,000 |

TICKETS

- | | | |
|--------------------------------------|---------|--|
| <input type="checkbox"/> INDIVIDUAL | \$500 | PREFERRED RATE: \$425 if paid by August 31 st |
| <input type="checkbox"/> TABLE OF 8 | \$4,000 | PREFERRED RATE: \$3,200 if paid by August 31 st |
| <input type="checkbox"/> TABLE OF 10 | \$5,000 | PREFERRED RATE: \$4,000 if paid by August 31 st |

E-JOURNAL PRESENTATION

(Please note ads will also be posted on our website for one year)

- | | |
|--------------------------------------|---------|
| <input type="checkbox"/> FULL SCREEN | \$2,000 |
| <input type="checkbox"/> 1/2 SCREEN | \$1,000 |
| <input type="checkbox"/> 1/4 SCREEN | \$750 |
| <input type="checkbox"/> NAME LISTED | \$300 |

UNDERWRITING OPPORTUNITIES

(The following are underwriting opportunities and are fully tax deductible to the extent allowed by law)

- | | |
|-----------------------------------|---------|
| <input type="checkbox"/> DIAMOND | \$5,000 |
| <input type="checkbox"/> RUBY | \$2,500 |
| <input type="checkbox"/> EMERALD | \$1,000 |
| <input type="checkbox"/> SAPPHIRE | \$500 |

TABLE SIGNAGE

(Your sign will be set on the table in a gold frame beside the centerpiece)

- | | |
|---|---------|
| <input type="checkbox"/> COMMISSIONER'S TABLE | \$1,000 |
| <input type="checkbox"/> CHS VIP TABLE | \$750 |
| <input type="checkbox"/> GUEST TABLE | \$300 |

Please fill out reverse side and return in the enclosed envelope

**ST. CATHERINE OF SIENA GALA
GALA RESERVATION FORM**

Name Company

Address City, State & Zip

Phone E-Mail Address

of Guests

I have enclosed a check for \$_____ payable to the St. Catherine of
Siena Foundation

Please charge my credit card: MasterCard VISA AMEX

Card Number

Name (as it appears on card)

Exp. Date Security Code Billing Zip Code Amount

Authorized Signature

All journal ads must be submitted by Monday, October 3rd.

The tax deductible portion of each ticket is \$275.

For information call (631) 862-3780, or email lia.crowley@chsli.org

Please fill out reverse side