



Project Pink Fashion Show, Thursday, October 13, 2011

Crown Point Plaza Hotel, Cherry Hill, New Jersey

Sponsorship Form

Please Print

Contact Information

Contact Name _____ Title _____

Company Name _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone _____ E-mail Address _____

Sponsorship

Event Sponsor (\$5,000) only 1 available: 20 complimentary tickets with preferred seating, Double-page ad in program book, Individual sign recognition the evening of the event, 20 sheets of basket raffle entries.

Use last year's ad Ad will be e-mailed to lourdesprojectpink@yahoo.com

Diamond (\$2,500) only 3 available: 10 complimentary tickets with preferred seating, Double-page ad in program book, Individual sign recognition the evening of the event, 10 sheets of basket raffle entries.

Use last year's ad Ad will be e-mailed to lourdesprojectpink@yahoo.com

Platinum Sponsor (\$1,000): 10 complimentary tickets, full page ad front of program book, Individual sign recognition, 5 sheets of basket raffle entries.

Use last year's ad Ad will be e-mailed to lourdesprojectpink@yahoo.com

Gold Sponsor (\$750): 8 complimentary tickets, Full-page ad, sign recognition the evening of the event.

Use last year's ad Ad will be e-mailed to lourdesprojectpink@yahoo.com

Silver Sponsor (\$500): 4 complimentary tickets, half page ad, sign recognition the evening of the event

Use last year's ad Ad will be e-mailed to lourdesprojectpink@yahoo.com

Bronze Sponsor (\$250): 2 complimentary tickets, half page ad.

Advertising Opportunities ONLY: (all ads are black and white and must be copy ready)

Deadline for ads are 9/26/2011

\$250 – Double Page Ad (size 11 x 8 1/2)

\$200 – Full Page Ad front inside, back inside or back outside covers (size 5 1/2 x 8 1/2)

\$100 – Full Page Ad (size 5 1/2 x 8 1/2)

\$ 50 – Half Page Ad (size 5 1/2 x 4 1/4)

Use last year's ad

Ad will be e-mailed to lourdesprojectpink@yahoo.com

Guest Tickets

Individual Tickets \$55 each x _____ = \$ _____

Table of 10 Tickets @ \$500 x _____ = \$ _____

Total Contribution

_____ Check enclosed (payable to Lourdes Health Foundation)

Visa MasterCard AMEX

_____ Credit card payment (complete below)

_____ Payment to follow

Card Number _____

Exp. Date _____

Signature _____

Date _____

Please return to: Felicia DiMattia, Director of Special Events, Lourdes Health Foundation, 1600 Haddon Avenue, Camden, NJ 08103. Phone (856) 705-1373 Fax (856) 705-1370 or E-mail dimattiaf@lourdesnet.org

