



## Carrier Clinic 100<sup>th</sup> Anniversary Gala

### SPONSORSHIP OPPORTUNITIES

#### **PRESENTING GOLD SPONSOR \$25,000 (\$23,100 tax deductible) includes\*:**

- ◆ Presenting Sponsor - "Your Company Name" presents the Carrier Clinic 100<sup>th</sup> Anniversary Gala, includes web site and printed materials
- ◆ Two Reserved Premier tables of ten
- ◆ One full page gold ad in program journal
- ◆ One full corporate profile page in program journal
- ◆ Your logo included on the Carrier Clinic web site events page
- ◆ Logo included on custom designed banner
- ◆ Your Company Logo on front of invitation
- ◆ Your Company Name referred to in all Gala correspondence

#### **SILVER SPONSOR \$10,000 (\$8,100 tax deductible) includes\*:**

- ◆ Two Reserved Premier tables of 10
- ◆ One full page silver ad in program journal
- ◆ Your logo included on the Carrier Clinic web site events page
- ◆ Logo included on custom designed sponsor banner
- ◆ Your company logo included on Save the Date
- ◆ Your Company logo printed on inside of invitation
- ◆ One full corporate profile page in program journal

#### **BRONZE SPONSOR \$5,000 (\$4,050 tax deductible) includes\*:**

- ◆ One Reserved Premier table for 10
- ◆ Logo included on custom designed banner
- ◆ Your Company Name listed on a custom designed sponsor board
- ◆ One full page ad in program journal
- ◆ Your Company Name printed on inside of invitation

#### **TABLE HOST \$2500 (\$1550 tax deductible) includes\*:**

- ◆ One Reserved table of ten
- ◆ Your name listed in program journal as a Table Host

#### **INDIVIDUAL TICKET RESERVATION \$300 each (\$205 tax deductible)**

Please indicate with whom you would like to be seated



#### **AD JOURNAL OPPORTUNITIES (Total amount is Tax Deductible)**

*Dimensions: 8 1/2" X 11" Deadline: Friday, October 1, 2010*

- Back cover (Color): \$5,000**
- Inside front cover (Color): \$2,500**
- Inside back cover (Color): \$2,500**
- Full page (Black & White): \$1000**
- Half page (Black & White): \$500**
- Quarter Page (Black and White): \$300**

*\*Various print deadlines apply to all collateral materials and vary based on the type of material such as the Save the Date, Invitations, Journal, Banner*



**Carrier Clinic**  
***100<sup>th</sup> Anniversary Gala***

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsorship Level:

Presenting Gold Sponsor (\$25,000)       Silver Sponsor (\$10,000)

Bronze Sponsor (\$5,000)       Table Host (\$2500)

Advertisement in Journal. *Please indicate size* \_\_\_\_\_

Individual Ticket Reservation. *Please indicate # of tickets* \_\_\_\_\_

Please seat me with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enclosed is my check payable to "Carrier Clinic"

Visa       Mastercard

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I regret I will not be able to attend. Enclosed is a tax deductible contribution of \$\_\_\_\_\_ to support the mission of Carrier Clinic.

For information, please call the Development Office at 908-281-1495

***Please return this form with payment by October 15, 2010***

*Carrier Clinic, Development Office, PO Box 147, Belle Mead, NJ 08502*