



Sponsorship Form
STC Celebrating Connections
With Gerald B. Chattman, Esq.
Thursday, October 4, 2018, 6:30 pm
Landerhaven

| | | |
|-----------------|---------------|----------------|
| NAME: | | |
| COMPANY: | | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHONE: | FAX: | E-MAIL: |

PLEASE CHECK YOUR LEVEL OF SUPPORT

| | |
|---|---|
| <input type="checkbox"/> \$10,000 Executive Sponsor <ul style="list-style-type: none"> Logo and name on all written and electronic promotions (<i>within print deadlines</i>) Full page ad in event program (3.75" x 10.5") VIP table for 8 Logo in the evening presentation \$9,200 tax deductible gift to support STC | <input type="checkbox"/> \$5,000 Leadership Sponsor <ul style="list-style-type: none"> ½ page ad in event program (3.75" x 5") VIP table for 8 Logo in the evening presentation, event promotions \$4,200 tax deductible gift to support STC |
| <input type="checkbox"/> \$2,500 Program Sponsor <ul style="list-style-type: none"> Tickets for 8 ½ page ad in event program (3.75" x 5") Named in the evening presentation \$1,700 tax deductible gift to support STC | <input type="checkbox"/> \$1,500 Patron Sponsor <ul style="list-style-type: none"> Tickets for 8 Listing in event program Named in the evening presentation \$700 tax deductible gift to support STC |
| <input type="checkbox"/> \$1,000 VIP Sponsor <ul style="list-style-type: none"> 2 Tickets & listing in event program \$800 tax deductible gift to support STC | Program Ads <ul style="list-style-type: none"> <input type="checkbox"/> Full Page 7.5 x 4.5 (\$1,000) <input type="checkbox"/> Half Page 3.5 x 4.5 (\$500) <input type="checkbox"/> Quarter Page 3.75 x 2.25 (\$250) <input type="checkbox"/> Eighth Page 1.5 x 2.25 (\$125) |
| _____ Tickets @ \$100 each Includes valet parking, dinner and cocktails = \$ _____ | |
| Sorry, we are unable to attend. Please accept our tax deductible donation of \$ _____ | |

- Check:** (Please make payable to the Senior Transportation Connection)
 Credit Card:
 VISA MasterCard Discover American Express
 Card Number: _____ Exp. Date: ____/____/____
 Cardholder name as it appears on the card: _____
 Signature: _____ Security Code _____
- Please send an invoice.**

AD DEADLINE: Sept. 13, 2018
PAYMENT DEADLINE: Sept. 28, 2018
GUEST NAME DEADLINE: Oct 1, 2018
IRS Tax ID # 30-0319480

SEND RESPONSE TO:
 Catherine Ciha, Director of Development
 Senior Transportation Connection • 4735 West 150th St. Suite A • Cleveland, Ohio 44135
 Phone: (216) 265-3008 • Fax: (216) 265-2830 • Email: cciha@ridestc.org