

SPONSORSHIP OPPORTUNITIES

- EVENT SPONSOR - \$10,000**
Marquee placement with corporate or business logo on printed materials, Full page journal ad, Two (2) Premium tables of ten (10)
- DINNER SPONSOR - \$5,000**
Full page journal ad, Sponsor designation in journal, Premium table of ten (10)
- COCKTAIL HOUR SPONSOR - \$2,500**
Half page journal ad, Sponsor designation in journal, Two (2) seats at dinner
- DESSERT SPONSOR - \$2,000**
Quarter page journal ad, Sponsor designation in journal, Two (2) seats at dinner
- ENTERTAINMENT SPONSOR - \$1,250**
Business card journal ad, Sponsor designation in journal, One (1) seat at dinner
- ANNIVERSARY TABLE - \$1,500**
One reserved table for ten (10)
- ANNIVERSARY TICKET - \$150**
One (1) individual seat at dinner.
_____ No. of Seats

AD JOURNAL

Artwork Deadline: November 2, 2018

- ANNIVERSARY PAGE - \$1,500**
Ad size: 8½" w x 11" h - Preferred placement in journal: inside front cover, inside back cover or centerfold, two (2) seats at dinner
- SUPPORTERS PAGE - \$1,000**
Ad size: 8½" w x 11" h - Preferred placement in journal, one (1) seat at dinner
- FULL PAGE - \$500**
Ad size: 8½" w x 11" h
- HALF PAGE - \$300**
Ad size: 8½" w x 5½" h
- QUARTER PAGE - \$200**
Ad size: 4" w x 5½" h
- BUSINESS CARD - \$100**
Ad size: 3½" x 2"

- I would like to support the Anniversary Dinner with a donation of \$_____



28TH *Anniversary* DINNER

Please direct all questions and completed forms to: Yuly Garcia, E-mail: dinner@stpaulscdcnj.org, Ph: 973-710-3900, Fax: 973-684-4106

CONTACT INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

City, State, & Zip: _____

Phone: _____

E-mail: _____

THURSDAY, NOVEMBER 15, 2018

MACALUSOS
55 4TH AVENUE
HAWTHORNE, NJ 07506
COCKTAIL RECEPTION 6:00PM
DINNER AND PROGRAM 7:00PM

PAYMENT INFORMATION

Please send check payable to:

St. Paul's Community Development Corporation
456 Van Houten Street, Paterson, NJ 07501
SPCDC Tax I.D. Number: 22-3075855

Credit Card Type (Check One):

Visa MasterCard American Express Discover

Card No: _____

Expiration: _____ CCV No: _____

Name on Card: _____

Signature: _____