



PRIME PROPERTIES

Presenting Sponsor



Title Sponsor

Honoring

Reverend John J. Bradley

Bishop Howard Hubbard Humanitarian Award

The Association of the Ladies of Charity

Sr. Maureen Joyce Charities Award

Catholic Charities Night at the Museum Centennial Celebration

Thursday, June 22, 2017, 5:30 p.m.

2017 Sponsorship and Honorary Committee Opportunities

Commitments received by April 14, 2017 will be included on the event invitation.

Premier \$10,000

- Tickets for 10 guests
- Corporate logo and/or name on invitation and displayed at event
- Logo and link on Charities website
- Full-page ad included prominently in event program
- Recognition by event speakers from the podium

Leadership \$5,000

- Tickets for 8 guests
- Corporate logo and/or name on invitation and displayed at event
- Logo and link on Charities website
- Full-page ad included in event program

Foundation \$2,500

- Tickets for 4 guests
- Corporate Logo and/or name on invitation and displayed at event
- Logo on Charities website
- Half-page B&W ad in event program

Sustaining \$1,000

- Tickets for 2 guests
- Name listed on invitation and Charities website
- Quarter-page B&W ad in event program

Honorary Committee (individual)

- \$250 per person
- Includes 1 ticket to the event
- Name on invitation and event program

Honorary Committee (for two)

- \$400 for two individuals
- Includes 2 tickets to the event
- Name on invitation and event program



NIGHT AT THE MUSEUM

YES! I/We wish to be a 2017 Night at the Museum Sponsor.

Please accept my/our commitment of \$_____

I/We would like to be part of the Honorary Committee.

___ \$400 (for two) ___ \$250 (individual)

I/We regretfully decline your invitation. Please accept a contribution of \$_____

I/We regretfully decline your invitation. However, I/we would like to reserve:

___ 1 ticket at \$125 ___ 2 tickets at \$250

Please return this form by April 14, 2017 for inclusion on the event invitation.

CONTACT INFORMATION

Name / Company Name: _____
(as you wish it to appear in print and on our website)

Address: _____ Phone#: _____

Contact Name: _____ E-mail: _____

PAYMENT INFORMATION

My check is enclosed for \$_____ *(payable to Catholic Charities)*

Please invoice me. I understand that payment is due by June 22, 2017.

Please charge my credit card for \$_____ (circle one: Visa MC Amex Discover)

Credit Card #

Exp.Date

Verification Code

Signature

*For more information or to RSVP over the phone/email, contact Kate Qualters,
Director of Development at (518) 453-6677 | kate.qualters@rcda.org*