



Gala Sponsorship & Ad Form

Sponsor Information

Please list name(s) as you want them to appear in Sponsor recognition.

Contact Name _____

Organization _____

Address _____ Suite / PO Box _____

City _____ State _____ Zip _____

Email _____ Phone _____

I prefer to stay anonymous in Gala advertising

Sponsor Levels

- | | | |
|--------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | GARDEN SPONSOR \$10,000 + | Includes 10 Gala tickets (1 full table) Free full-page advertisement in Program Recognition on signage, social media, and email promotion |
| <input type="checkbox"/> | ROSE SPONSOR \$5,000 | Includes 6 Gala tickets Free half-page advertisement in Program Recognition on signage and social media |
| <input type="checkbox"/> | ORCHID SPONSOR \$2,500 | Includes 4 Gala tickets Free quarter-page advertisement in Program Recognition on signage |
| <input type="checkbox"/> | PEONY SPONSOR \$1,000 | Includes 2 Gala tickets Free quarter-page advertisement in Program |
| <input type="checkbox"/> | LILY OF THE VALLEY SPONSOR \$500 | Includes 1 Gala ticket Listing in Program |
| <input type="checkbox"/> | CARNATION SPONSOR \$250 | Separate Gala ticket purchase required Listing in Program |

*Please consider supporting our ministries and promoting the event even if you cannot attend.
All gifts are tax deductible to the extent allowed by IRS codes.*

Advertisement Levels

Your Ad will be featured in a 5x7 size Ad Book.

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Full-Page Color Ad - \$250 | <input type="checkbox"/> Half-Page Black & White Ad - \$100 |
| <input type="checkbox"/> Full-Page Black & White Ad - \$200 | <input type="checkbox"/> Quarter-Page Color Ad - \$90 |
| <input type="checkbox"/> Half-Page Color Ad - \$150 | <input type="checkbox"/> Quarter-Page Black & White Ad - \$75 |

Ticket Information

Please fill in the names of guests below.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

- Check here if you wish for your tickets to be given to the Sisters on your behalf

Payment Information

- Enclosed is my check for \$ _____ made payable to: *The Sisters of the Blessed Sacrament* for my Sponsorship or Advertisement.

(To maximize your dollars, please consider mailing in a check to eliminate processing fees charged to our organization.)

- I would like to pay by credit card for my Sponsorship or Advertisement.

Card # _____ Exp. Date _____

Name on Card (print) _____

Signature _____ Date _____

- VISA MC Discover

This gift is made in memory/honor of _____

With **payment questions**, please call Denise Kirk at (215) 470-9776.

To discuss other means of giving or if you have questions about the Gala, please feel free to contact the SBS Gala Committee directly at **sbscm.cfgp@gmail.com** or by phone at (445) 544-8548.

Mail completed form and checks to:

Sisters of the Blessed Sacrament
Development Office
1663 Bristol Pike
Bensalem, PA 19020-5796

Visit www.KatharineDrexel.org/news-events/Gala-2022 for
more information