

Commitment TO A Cure AWARDS RECEPTION

THURSDAY, SEPTEMBER 22 • THE DESMOND HOTEL • COLONIE, NY

Sponsorship Information

Leadership ■ \$15,000

- Priority tables for 20 guests
- Special recognition during evening program
- Leadership level listing on event website
- Premium Full-Page Ad in Journal
- VIP check-in
- Logo displayed during program
- Name inclusion in all pre-event and day-of press materials

Benefactor ■ \$10,000

- Preferred table for 10 guests
- Preferred Full-Page Ad in Journal
- Benefactor level listing on event website
- Logo displayed during program
- Name inclusion in all pre-event and day-of press materials

Corporate ■ \$7,500

- Preferred table for 10 guests
- Preferred Full-Page Ad in Journal
- Corporate level listing on event website
- Logo displayed during program
- Name inclusion in all pre-event and day-of press materials

Patron ■ \$5,000

- Table for 10 guests
- Half-Page Ad in Journal
- Patron level listing on event website
- Name displayed during program
- Name inclusion in all pre-event and day-of press materials

Sponsor ■ \$2,500

- Table for 8 guests
- Half-Page Ad in Journal
- Recognition on event website
- Name displayed during program
- Name inclusion in all pre-event and day-of press materials

Friend ■ \$1,000

- Table for 4 guests
- Half-Page Ad in Journal
- Recognition on event website
- Name displayed during program
- Name inclusion in all pre-event and day-of press materials

Individual Ticket: \$125

E-Journal Advertising Information (please check)

- Full Page: \$500
- Half Page: \$250
- Quarter Page: \$100
- "In Honor of" Listing: \$50
- My artwork will be emailed.
- Please help me create my advertisement / message.

Ad Dimensions:

Full-Page Ad:

Bleed size: 8.75" X 11.5"; Non-Bleed size: 7.5" X 10"

Half-Page Ad:

Bleed size: 8.75" X 5.75"; Non-Bleed size: 7.5" X 4.75"

Quarter-Page Ad:

Bleed size: 4.5" X 5.72"; Non-Bleed size: 3.62" X 4.85"

Advertisement Deadline: August 29

Email Copy/Layout: hbarcomb@arthritis.org



Commitment TO A Cure AWARDS RECEPTION

THURSDAY, SEPTEMBER 22 • THE DESMOND HOTEL • COLONIE, NY

Guest Information

Company/Contributor Name: _____

Contact Person: _____

Title: _____

Address: _____ Suite/Floor: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Payment Information (please check box)

Check Enclosed (make payable to the Arthritis Foundation c/o Northeastern Chapter)

Credit Card: Visa Master American Express Discover

Credit Card Number: _____

CV Number: _____ Exp. Date _____

Name on Card (please print): _____

Signature: _____ Date: _____

I am unable to attend. Enclosed is my tax-deductible contribution.

Please bill me for \$ _____

Total Amount \$ _____

Please return this form with your contribution to:

Arthritis Foundation, c/o Commitment to a Cure

P.O. Box 38042, Albany, NY 12203

Telephone: (518) 456-1203 **Email:** hbarcomb@arthritis.org

