

## Program Advertising and Ticket Form

Please indicate your choices and return by March 30, 2012  
via enclosed envelope, or visit [www.campusofcaring.org/gala](http://www.campusofcaring.org/gala).

### Program Advertising Opportunities

| Giving Level | Advertisement Size               | Select                   |
|--------------|----------------------------------|--------------------------|
| \$1000       | Full Page 8" x 5"                | <input type="checkbox"/> |
| \$500        | One Half Page 3.875" x 5"        | <input type="checkbox"/> |
| \$250        | One Quarter Page 2.375" x 3.875" | <input type="checkbox"/> |
| \$50         | One Line                         | <input type="checkbox"/> |

### Table Sponsorship

| Sponsorship Level | Sponsorship Includes                             | Giving Level | Select                   |
|-------------------|--|--------------|--------------------------|
| Table of 10       | Recognition on Table and Name in Program Booklet | \$1,250      | <input type="checkbox"/> |

### Tickets

| Seating            | Price      | # of Tickets |
|--------------------|------------|--------------|
| Individual Tickets | \$125 each | _____        |

Total \$ \_\_\_\_\_

*Flip this card to fill out the payment form.*

# Program Advertising and Ticket Form

Please choose your payment option and fill out the appropriate information.

My check for \$ \_\_\_\_\_ made out to  
CAMPUS OF CARING, INC. is enclosed.

CREDIT CARD

Visa     Mastercard     American Express

In the amount of \$ \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

I am unable to attend or sponsor but please accept my donation  
to Campus of Caring for \$ \_\_\_\_\_

Contributions are tax deductible to the extent allowed by law.  
Campus of Caring is a 501(C)(3) organization.  
Federal Tax ID #20-4012238

## Contact Form

Please fill out your information below.

Business/Donor Name: \_\_\_\_\_

(Print name as it should appear in the program booklets.)

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Sponsorship Material Information

We accept camera ready ads/art on Disc, CD, or electronic files via e-mail in pdf format.

Deadline for payment and artwork is March 30, 2012.

Ads are in black and white, unless otherwise noted.

You may e-mail materials to: [info@campusofcaring.org](mailto:info@campusofcaring.org)

**Please return this card in the supplied envelope.**

**Thank You**

# Event Sponsorship Form

Please indicate your choices and return by March 30, 2012  
via enclosed envelope, or visit [www.campusofcaring.org/gala](http://www.campusofcaring.org/gala).

| Sponsorship Level | # Available | Sponsorship Includes   | Giving Level | Select                   |
|-------------------|-------------|--|--------------|--------------------------|
| Platinum          | 1           | <ul style="list-style-type: none"><li>• Event sponsorship naming rights</li><li>• Premium exposure before, during &amp; after event including mention in press releases, printed materials and promotions.</li><li>• Full page program advertisement</li><li>• Website visibility</li><li>• Event signage</li><li>• Event A/V exposure throughout evening</li><li>• Table for 10 attendees</li></ul> | \$25,000     | <input type="checkbox"/> |
| Gold              | 4           | <ul style="list-style-type: none"><li>• Exposure before, during &amp; after event including mention in press releases and promotions.</li><li>• Full page program advertisement</li><li>• Event signage</li><li>• Event A/V exposure throughout evening</li><li>• Table for 10 attendees</li></ul>   | \$15,000     | <input type="checkbox"/> |
| Silver            | 5           | <ul style="list-style-type: none"><li>• Exposure before, during &amp; after event including mention in press releases</li><li>• Full page program advertisement</li><li>• Event A/V exposure throughout evening</li><li>• Two event tickets</li></ul>  | \$2,500      | <input type="checkbox"/> |

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