

Malta House of Care Foundation

Celebrating Wonder Women 2017

Tuesday, May 2, 2017

5:30pm – 8:30pm • The Bushnell • Hartford, Connecticut

Sponsorship Opportunities

LEADERSHIP SPONSOR - \$10,000

- ◆ Full-page black & white ad in event program (5.5" x 8.5")
- ◆ Signage in Registration Area and throughout event; listing in program
- ◆ Recognition in press release
- ◆ Acknowledgement on website as Leadership Sponsor (includes logo and link to website)
- ◆ 10 event tickets

SUPPORTING SPONSOR - \$5,000

- ◆ Half-page black & white ad in event program (5.5" x 4.25")
- ◆ Signage in Registration Area and listing in program
- ◆ Recognition in press release
- ◆ Acknowledgement on website as Supporting Sponsor (includes logo and link to website)
- ◆ 5 event tickets

BENEFACTOR - \$2,500

- ◆ Half-page black & white ad in event program (5.5" x 4.25")
- ◆ Signage in Registration Area and listing in program
- ◆ 3 event tickets

PATRON - \$1,000

- ◆ Quarter-page black & white ad in event program (2.25" x 4.25")
- ◆ Signage in Registration Area and listing in program
- ◆ 2 event tickets

SUPPORTER - \$500

- ◆ Quarter-page black & white ad in event program (2.25" x 4.25")
- ◆ Signage in Registration Area and listing in program
- ◆ 1 ticket

FRIEND of Wonder Women - \$100

- ◆ Signage in Registration Area and listing in program

For more information, please visit www.maltahouseofcare.org or phone 860-548-1593

Sponsorship Reservation Form

Reserve by April 10, 2017

To reserve your sponsorship, please complete this form and mail, fax, or e-mail it to Betsy Walsh (betsy@maltahouseofcare.org). You may also register online at www.maltahouseofcare.org.

I would like to participate as a...

- ◇ **Leadership Sponsor** at the \$10,000 Level
- ◇ **Supporting Sponsor** at the \$5,000 Level
- ◇ **Benefactor** at the \$2,500 Level
- ◇ **Patron** at the \$1,000 Level
- ◇ **Supporter** at the \$500 Level
- ◇ **Friend of Wonder Women** at the \$100 Level
- ◇ No thanks, but **I would like to make a donation** \$ _____

Name _____ Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Card Number _____ Exp Date _____ CID (3/4 digit code) _____

Signature _____ Print Name _____

Name as you would like it to appear in program:

Please make checks payable to:

Malta House of Care Foundation
19 Woodland Street, Suite 21
Hartford, CT 06105

Phone: 860-548-1593 Fax: 860-461-0965

E-mail: betsy@maltahouseofcare.org

Camera-ready artwork (PDF file format please) is **due April 10**

and may be e-mailed to betsy@maltahouseofcare.org

For more information, please visit www.maltahouseofcare.org

Malta House of Care Foundation, Inc. and Malta House of Care, Inc. are 501(c)3 not-for-profit organizations.

MHCF Tax ID: 20-3562371