





Yes, I am interested in helping my community!




Patron- (\$100)

-  Logo or name listed on website and in an event on Facebook
-  Name listed on printed materials on all tables at the event





Bronze- (\$250)

-  Logo or name listed on website and in an event on Facebook
-  Name listed on printed materials on all tables at the event






Silver- (\$500)

-  Logo or name listed on website and in an event on Facebook
-  Name listed on printed materials on all tables at the event
-  Sponsorship of 1 table (6 complimentary guests) for gala




Gold- (\$750)

-  Logo or name listed on website and in an event on Facebook
-  1 dedicated pre-event sponsorship recognition on Facebook
-  Name listed as a substantial sponsor on printed materials at the event
-  Sponsorship of 1 table (6 complimentary guests) for gala

Platinum - (\$1,000)

-  Logo or name listed on website and in an event on Facebook
-  1 dedicated pre-event sponsorship recognition on Facebook
-  Name listed as a substantial sponsor on printed materials at the event
-  Sponsorship of 1 table (6 complimentary guests) for gala
-  Special recognition during program portion of the gala

VIP Gala Sponsor (Exclusive) \$2,000

-  All the benefits of all other sponsorships PLUS:
-  Company Executive or private sponsor invited to speak at the gala
-  2 Sponsorship banners with name or logo (4 X 6) placed in lobby and gala area following confirmation

Please check the sponsorship level above and complete the form below:

Total Sponsorship (Donation) Amount \$ _____ Cash ___ Check Enclosed ___ Credit Card Visa_ MC_ Am Ex_ Card # _____ Expiration Date ___/___ CVV# _____

Name / Company _____ Please advise if you wish to remain anonymous

Address _____ City, State, Zip _____

Contact Name _____ Contact Title _____

Contact Phone _____ Contact email _____

Authorized Signature _____ Date _____

Name / Company as it should appear in print: _____

Please return form to: N4Cs, P.O. Box 305 Benton PA 17814

For more information or to discuss other ways to support N4Cs, contact us: 570-925-0163

Checks payable to N4Cs