

ROAST FOR CLEVE KILLINGSWORTH

THURSDAY APRIL 1, 2010

SPONSORSHIP FORM

<input type="checkbox"/> PRESENTING SPONSOR \$50,000 <ul style="list-style-type: none">Membership in Leadership CircleName on Plaque at Health CenterReceive Presenting Sponsor Award at EventFull page in program book w/choice of prime placement (center)Prime listing for business/individuals on appropriate printed materials.(4) Tables of ten in prime seating locations at the benefit	<input type="checkbox"/> LEAD DONOR \$25,000 <ul style="list-style-type: none">Business logo in promotional advertisement and Thank You AdFull page in program book w/choice of special placementPrime listing for business/individuals on appropriate printed materials.(3) Tables of ten in prime seating locations at the benefit
<input type="checkbox"/> BENEFACTOR \$15,000 <ul style="list-style-type: none">Business logo in promotional advertisement and Thank You AdFull page in program bookPrime listing for business/individuals on appropriate printed materials.(2) Tables of ten in prime seating location at the benefit	<input type="checkbox"/> PATRON \$10,000 <ul style="list-style-type: none">Business listing in promotional ads and Thank You AdTable of ten in prime seating location at the benefitHalf page in program book
<input type="checkbox"/> Contributor \$5,000 <ul style="list-style-type: none">Quarter page ad in program bookListing in Thank You AdOne table of ten	<input type="checkbox"/> TABLE HOST \$2,500 <ul style="list-style-type: none">Listing in program bookListing in Thank You AdOne table of ten

Please complete form and make checks payable to Whittier Street Health Center:



Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

PLEASE RETURN COMPLETED FORMS AND PAYMENT TO:

ROAST FOR CLEVE KILLINGSWORTH

WHITTIER STREET HEALTH CENTER 1125 TREMONT STREET, ROXBURY, MA 02120 617.989.3182 EVENTS@WSHC.ORG