



# EVENT Sponsorship Reply Form

**June 2, 2017**

**7:00 pm**

**Holiday Inn Johnstown  
Music by The Sophisticats**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name or Company (as you would like it to appear on EVENT materials): \_\_\_\_\_

Street: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

☐ Title Sponsor | \$25,000 (max 2)  
Mention on Journal cover, inside front  
cover spread, 50 EVENT tickets

☐ Marketing Sponsor | \$2,500  
Full page ad, 6 EVENT tickets

☐ Donor | \$500  
½ page ad, 2 EVENT tickets

☐ Culinary Sponsor | \$10,000  
Full page back inside cover,  
20 EVENT tickets

☐ Valet Sponsor | \$2,500  
Full page ad, 6 EVENT tickets

☐ Supporter | \$250  
½ page ad

☐ Entertainment Sponsor | \$5,000  
Full page ad, 10 EVENT tickets

☐ Photo Sponsor | \$2,500  
Full page ad, 6 EVENT tickets

☐ Associate | \$100  
¼ page ad

☐ Cocktail Sponsor | \$5,000  
Full page ad, 10 EVENT tickets

☐ Table Sponsor | \$1,000  
Full page ad, 4 EVENT tickets

☐ Friend | \$50  
Listing in Journal

☐ Other \_\_\_\_\_

☐ I am unable to serve as a sponsor, but I would like to purchase tickets. Please send an invitation.

☐ I am unable to serve as a sponsor nor attend, but wish to show my support by making a contribution  
of \$\_\_\_\_\_.

☐ Payment Enclosed

☐ Please send an invoice

☐ Please apply payment to my

☐ MC

☐ Visa

☐ American Express

☐ Discover

Account Number: \_\_\_\_\_

Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

**Nathan Littauer Foundation**

99 East State Street, Gloversville, NY 12078

518-773-5505

kcolby@nlh.org

To have your name removed from our distribution list for future  
fund raising materials designed to support Nathan Littauer  
Hospital and Nursing Home, please contact us at The Nathan  
Littauer Foundation 99 East State Street Gloversville, NY 12078.

