

Spectrum Sponsorship Opportunities

PRESENTING SPONSOR - \$25,000

Tax Deductible Amount - \$24,500

- **Prominent** logo recognition on all promotional materials including web site, event signage, and all media materials
- Opportunity to present an award during ceremony
- Opportunity to display corporate banner and product placement
- Two tables of 10 seats

GOLD SPONSOR - \$10,000

Tax Deductible Amount - \$9,700

- Logo recognition on all promotional materials including web site, event signage, and all media materials
- Podium recognition during ceremony
- Opportunity for product placement
- One table of 10 seats

SILVER SPONSOR - \$5,000

Tax Deductible Amount - \$4,500

- Name recognition on all promotional materials including Web site, event signage, and all media materials
- One table of 10 seats

BRONZE SPONSOR - \$2,500

Tax Deductible Amount - \$2,250

- Name recognition on web site, and event signage
- One table of 10 seats

SUPPORTER SPONSOR - \$1,750

Tax Deductible Amount - \$1,550

- Name recognition on event signage
- One half table of 5 seats

RED CROSS CLUBS

RED CROSS CLUB SUPPORTER - \$6,300

Tax Deductible Amount - \$ 6,000

- Supports a Red Cross Club for one year
- Sponsorship recognition at event
- One Table of 10 (4 supporter tickets and 6 club members)

INSPIRE LEADERS OF TOMORROW

- Motivate leaders of tomorrow by sponsoring high school students to attend this inspirational event

_____ Individual ticket - \$50

_____ Table of 10 - \$400

**These tickets are for students only and the price does not include tickets for purchaser to attend.

INDIVIDUAL TICKETS - \$150

Tax Deductible Amount - \$125

- Reserved Seating

Sorry, I/We cannot attend but are pleased to enclose a tax deductible gift of \$ _____ to support the work of the American Red Cross SEPA.

Payment Options

Please Bill Me for \$ _____ Check Enclosed for \$ _____ (payable to American Red Cross of SEPA)

Credit Card: Number: _____ Expiration Date: _____ Security Code _____

Authorized Signature: _____

Name: _____ Title: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please return this form to:

Mary Ann Milner, American Red Cross, 2221 Chestnut Street, Philadelphia, PA 19103

Phone: (215) 405-8530 • Fax: (215) 299-4089 • Email: maryann.milner@redcross.org