Logo

Description automatically generated

Sponsorship details below outline the benefits of being a sponsor and joining us as a partner organization:

**GRAND BENEFACTOR – TITLE SPONSOR: $25,000**

* Title Sponsor designation on event invite, website and promotional material
* Reserved table for 10 guests
* Title Sponsor full-page cover advertisement in event program
* Recognition at Event

**BENEFACTOR: $20,000**

* Benefactor Sponsor designation on event website and promotional material
* Reserved for 10 guests
* Benefactor full-page premier placement advertisement in event program
* Recognition at Event

**SUSTAINER: $15,000**

* Sustainer designation on event website and promotional material
* Reserved table for 8 guests
* Sustainer full-page premier placement advertisement in event program
* Recognition at event

**PATRON: $8,500**

* Patron designation on event website and promotional material
* Tickets for 6 guests
* Patron full-page advertisement in event program

**SPONSOR: $4,500**

* Sponsor designation on event website and promotional material
* Tickets for 4 guests
* Sponsor full-page advertisement in event program

**ASSOCIATE: $2,500**

* Associate designation on event website and promotional material
* Ticket for 1 guest
* Associate full-page advertisement in event program

Payment Options:

**Pay by Check**: Total payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please make checks payable to Hellenic Women’s Benevolent Association.

**Credit Card Payments**: Cardholder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VISA/Mastercard cardholder number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_ CCV: \_\_\_\_\_\_\_\_

**Pay online** at [www.hellenicnursingandrehabilitationcenter.org](http://www.hellenicnursingandrehabilitationcenter.org), under the Support Us tab, Donate.

Please mail your sponsorship form, along with your payment or payment choice, to: Hellenic Women’s Benevolent Association, 601 Sherman Street, Canton, MA 02021.

Signature/Name (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street.City.State.Zip (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you from the Women’s Benevolent Association