



HELLO SUN!

Servicios' 20th Anniversary- Celebration

SPONSOR AND RESERVATION FORM

We are offering you the opportunity to sponsor Servicios' "20th Anniversary Celebration" on May 1, 2020 at one of five levels. The proceeds from this event will be utilized to support Children Activities, Domestic Violence, Homeless Prevention, ESL, and other agency programs.

To place your advertisement, please complete the form below and place an "X" beside your level of sponsorship. In order to be included in our program book, **you must send us your pledge and a photo-ready copy of your ad or business card by April 20, 2020.** You can email PDF files to servicioslatinos@hotmail.com or mail hard copy to our address:

**Servicios Latinos de Burlington County
795 Woodlane Road- Box 10
Mount Holly, NJ 08060**

We look forward to seeing you at our celebration and thank you in advance for your support.

Angela Gonzalez, Executive Director

Company/Business Name: _____

Address: _____

Telephone: () _____ Contact Name: _____

President/CEO: _____

Sponsorship Levels – Please Check One (*Ad sizes at the back of the page*)

- Diamond (\$3,500)** 8 tickets to the event, full page ad in the program- inside the back cover, corporate signage. To be included in all media description. Sponsor will be recognized as one of the lead sponsors at the events promotion.
- Platinum (\$2,000)** 4 tickets to the event, full page ad in the program.
- Gold (\$1000)** 2 tickets, half (1/2) page ad in our program.
- Silver (\$500)** Quarter (1/4) page ad in our program.
- Friend (\$250)** Business card will be displayed in our program.
- Donation \$ _____** I do not wish to advertise, but accept my donation

Please make check payable to: Servicios Latinos de Burlington County, Inc.

RESERVATION TICKET FORM

*Reservation \$75.00 per person or Tables of 8 are available @ \$500.00

Name _____ Organization _____

Address _____ City/State/Zip Code _____

Tel. _____ Fax _____

Email _____

Signature/Contact Person: _____

***Please mail along with this reservation form a list of the names of your guests.** ___ Check enclosed ___# of seats @ \$75.00 \$ _____ Amount enclosed for total guests. For info please call (609) 518-7171.