



HELLO SUN!

Servicios' - 2019 Cinco de Mayo Celebration Award Dinner

SPONSOR AND RESERVATION FORM

We are offering you the opportunity to sponsor Servicios' **Cinco de Mayo Dinner Award Celebration** on Thursday, May 2nd 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. Your support will help assist a large portion of families in need.

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 23, 2019.** You can email PDF files to servicioslatinos@hotmail.com or mail hard copy to:

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

We look forward to seeing you at the awards dinner. 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 on the back of this page)

- Diamond (\$2,500)** 8 tickets to the Celebration Dinner, 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 (\$1,000)** 4 tickets to the Celebration Dinner event, full page ad in the program.
- Gold (\$700)** 2 complementary tickets. Half a page ad in our program.
- Silver (\$350)** Your Company's name will be placed in our program on a ¼ page.
- Friend (\$150)** Your Company's business card will be displayed in our program.
- Donation \$ _____** I do not wish to advertise, but accept my donation in memory of _____

*Please make checks payable to: Servicios Latinos de Burlington County
and mail to 795 Woodlane Rd.- Box 10, Mount Holly, NJ 08060*

RESERVATION TICKET FORM

*Reservation \$35.00 per person or Tables of 8 are available @ \$275.00

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 guest.**

_____ Check enclosed _____ # of seats @ \$35.00 _____ Amount enclosed for total guest