



2016 GOLDEN ACHIEVEMENT AWARDS GALA SPONSORSHIP OPPORTUNITIES

Sunday, May 1, 2016
The Country Club, Pepper Pike

PLATINUM SPONSORSHIP: \$10,000

Name and logo on invitation*
One full page ad with preferred placement (e.g., inside front cover of program book)
Table for ten (10) individuals
Prominent placement of name and logo at event and on website
Name listed in program book

DIAMOND SPONSORSHIP: \$7,500

Name on invitation*
One full page ad in program book
Table for ten (10) individuals
Prominent placement of name and logo on website
Name listed in program book

GOLD SPONSORSHIP: \$5,000

Half page ad in program book
Table for ten (10) individuals
Prominent placement of name and logo on website
Name listed in program book

SILVER SPONSORSHIP: \$2,500

Half page ad in program book
Six (6) dinner tickets
Name listed in program book

* PLEASE NOTE: Deadline for recognition on the invitation is February 15, 2016

TRIBUTE ADS FOR THE 2016 PROGRAM BOOK

- Full page Tribute Ad: \$1,000
- Half page Tribute Ad: \$500
- Quarter page Tribute Ad: \$250

Deadline for placing ads and tribute messages is April 15, 2016



2016 GOLDEN ACHIEVEMENT AWARDS GALA RESERVATION FORM

Tables of 10 and individual seating are available

- Platinum Sponsorship: \$10,000
- Diamond Sponsorship: \$7,500
- Gold Sponsorship: \$5,000
- Silver Sponsorship: \$2,500
- Benefactor Table for 10: \$5,000 (*\$4,150 tax deductible*)
- Benefactor Ticket: \$500 (*\$415 Tax deductible*)
- Patron Table for 10: \$2,500 (*\$1,650 tax deductible*)
- Patron Ticket: \$250 (*\$165 tax deductible*)
- Guest Table for 10: \$1,850 (*\$1000 tax deductible*)
- Guest Ticket: \$185 (*\$100 tax deductible*)

Congratulate the Honorees: Tribute Ads (*deadline is April 15, 2016*)

- Full page Tribute Ad in Program Book: \$1000
- Half page Tribute Ad in Program Book: \$500
- Quarter page Tribute Ad in Program Book: \$250

TOTAL ENCLOSED _____

NAME _____

ADDRESS _____

Please indicate any dietary restrictions: _____

Payment method: Check payable to Rose Centers for Aging Well
 Credit card (AmEx, MC, Visa)

Card number: _____

Expiration Date _____ Security Code _____

Signature of Card Holder _____

Secure online payment will be available soon at: www.rosecenters.org

Contact Jennifer Salkin for additional details at 216.373.1688 or email jsalkin@benrose.org.

Please return this form to: 2016 Golden Achievement Awards, Rose Centers for Aging Well, 11890 Fairhill Road, Cleveland, Ohio 44120