

# 38<sup>th</sup> Annual Schreiber Gala

Saturday, March 21, 2020

## ▣ Presenting Sponsor—\$15,000

- 2 tables of 8 with premier seating
- Listing as Presenting Sponsor in Schreiber's February 2020 newsletter
- Company logo on Gala invitation and Gala program with premier placement
- Recognition in all media coverage
- Full-page black and white ad and listing in Gala program
- Company logo and link on Schreiber's Gala webpage



## ▣ Platinum Sponsor—\$10,000

- 1 table for 10 with premier seating
- Recognition in all media coverage
- Company logo on Gala invitation and Gala program
- Full-page black and white ad and listing in Gala program
- Company logo and link on Schreiber's Gala webpage



## ▣ Gold Sponsor—\$5,000

- 1 table for 8
- Recognition in all media coverage
- Company logo on Gala invitation
- Half-page black and white ad and listing in Gala program
- Company logo and link on Schreiber's Gala webpage



## ▣ Silver Sponsor—\$2,500

- 4 complimentary tickets
- Recognition in press release and on social media
- Company logo on Gala invitation
- Quarter-page black and white ad and listing in Gala program
- Company listing and link on Schreiber's Gala webpage



## ▣ Bronze Sponsor—\$1,000

- 2 complimentary tickets
- Recognition in press release
- Listing in Gala program
- Company listing on Schreiber's Gala webpage

**SCHREIBER CENTER FOR PEDIATRIC DEVELOPMENT**

For additional information, please contact the Financial Development Office at 717-393-0425 ext.105 or [ecroce@schreiberpediatric.org](mailto:ecroce@schreiberpediatric.org).



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2020

# sponsorship opportunities

I/We would like to **SUPPORT** the work of Schreiber Center for Pediatric Development with a sponsorship of the **38<sup>th</sup> Annual Schreiber Gala on March 21, 2020**

Presenting Sponsor—\$15,000

Platinum Sponsor—\$10,000

Gold Sponsor—\$5,000

Silver Sponsor—\$2,500

Bronze Sponsor—\$1,000

I/We would like to make a donation of \$ \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Payment Options:

Check Enclosed (Please make checks payable to Schreiber or SCPD)

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Send Invoice CVV \_\_\_\_\_

Visa, Mastercard, or Discover only please

Please return completed forms by **January 24, 2020** to:

Schreiber Center for Pediatric Development

Financial Development Office

625 Community Way

Lancaster, PA 17603

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