



625 Community Way
Lancaster, PA 17603
717.393.0425 | www.schreiberpediatric.org

Schreiber's Cup O' Cards Raffle

March 15 - 26, 2021

Support our local businesses and Schreiber in this raffle to win mugs or gift cards.

Presenting Sponsor \$5,000

- Recognition in all media coverage
- Premium logo placement on the Cup O' Cards raffle website
- Company profile/marketing description on the Cup O' Cards raffle website
- Opportunity to provide promotional items that will be included in all the cups
(sponsor to provide items)
- Premium placement logo or banner ad (sponsor's choice) in dedicated raffle eblast
- Social media shout outs

Premium Cup O' Cards Sponsor \$2,500

- Naming rights to your cup
- Cup will be in the highest value range of prizes
- Opportunity to provide a cup to be photographed for website and given with the prize
(sponsor to provide branded cup)
- Logo on Cup O' Cards raffle website
- Logo in dedicated raffle eblast
- Social media shout outs

Signature Cup O' Cards Sponsor \$1,000

- Naming rights to your cup
- Cup will be in the mid-range of prize values
- Opportunity to provide a cup to be photographed for website and given with the prize
(sponsor to provide branded cup)
- Logo on Cup O' Cards raffle website
- Logo in dedicated raffle eblast

Cup O' Cards Sponsor \$500

- Naming rights to your cup
- Opportunity to provide a cup to be photographed for website and given with the prize
(sponsor to provide branded cup)
- Logo on Cup O' Cards raffle website
- Company name listed in dedicated raffle eblast

"Enriching lives. Giving hope. For all who need us, everyday."



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I/We would like to **SUPPORT Schreiber's Cup O' Cards Raffle**
March 15 - 26, 2021

- ~~Presenting Sponsor - \$5,000~~
- Signature Cup O' Cards Sponsor - \$1,000
- Premium Cup O' Cards Sponsor - \$2,500
- Cup O' Cards Sponsor - \$500
- 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 _____
 Visa, Mastercard, or Discover only please CVV _____
- Send Invoice

Please return completed forms by March 1 to:
Schreiber Center for Pediatric Development
Financial Development Office
625 Community Way
Lancaster, PA 17603

Contact information:
Erica Croce, Special Events Coordinator
717.393.0425 x105
ecroce@schreiberpediatric.org

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