



*Star light, star bright, first star I see tonight
I wish I may, I wish I might
Have the wish I wish tonight*

Make a child's wish come true by supporting our annual

Children's Friendship Award

*Thursday, April 6, 2017
Café Nuovo 5:30 p.m. - 8:30 p.m.*

Sponsorship Opportunities

*Supernova Sponsor \$5,000**

Corporate name recognition as **MAIN EVENT SPONSOR** on event invitation, event printed materials, web site and social media sites
Prominent mention in all press releases
Thank you with photograph in agency newsletter (5,500 piece distribution)
Event banner to include name and logo of company
Tickets for Eight (8) guests
Use of our logo to promote sponsorship on corporate communications
25 luminary bags with corporate name

Comet Sponsor \$3,000

Corporate name recognition as a sponsor on all event print materials, web site and social media sites
Prominent mention in all press releases
Tickets for Four (4) guests
15 luminary bags with corporate name

Big Dipper Sponsor \$1,000

Mention in all press releases and web site
Tickets for Two (2) guests
10 luminary bags with corporate name

Little Dipper Sponsor \$500

Mention in all press releases and web site
Tickets for One (1) guest
5 luminary bags with corporate name

Meteor Sponsor \$250

Named on event night materials
5 luminary bags with corporate name

Purchase a luminary in memory/honor of someone to be lit at the event.

\$25 for one \$100 for 5

For additional information, please contact Susan DeRita at 353-3900 x262 or by e-mail, sderita@smhfc.org
*must respond by February 6, 2017 for recognition on event invitation. March 24, 2017 for other sponsorships



ST. MARY'S Home for Children
Children's Friendship Award
Thursday, April 6, 2017

- Supernova Sponsor - \$5,000*
- Comet Sponsor - \$3,000*
- Big Dipper Sponsor - \$1,000*
- Little Dipper Sponsor - \$500*
- Meteor Sponsor- \$250*
- One luminary bag-\$25*
- Five luminary bags-\$100*

I would like to purchase _____luminary bags in honor/memory (please circle) of:

- I would like to help but cannot attend. Please accept my tax deductible contribution of \$_____

_____I cannot sponsor the event. Please send me information about attending.

Amount enclosed (check) \$_____ or Bill my Visa MasterCard

_____-_____-_____-_____/_____
Card Number Expiration Date

Signature

Company _____

As you would like it to appear on printed materials

Contact Name _____

Address _____

Daytime phone number _____ E-Mail _____ Fax _____

Please make checks payable to ST. MARY'S HOME FOR CHILDREN

420 Fruit Hill Avenue, North Providence, RI 02911.

For additional information please call 401.353.3900 x 262

E-Mail: sderita@smhfc.org www.smhfc.org