



*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 event

Children's Friendship Award

Thursday, April 11, 2019

Café Nuovo 5:30 p.m. - 8:30 p.m.

Supernova Sponsor \$5,000*

MAIN EVENT SPONSOR

Corporate name recognition 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 Ten (10) guests

Use of our logo to promote sponsorship on corporate communications

Large Luminary Bags with Corporate Name – Table Centerpieces

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 Six (6) guests

Large Luminary Bags with Corporate Name – Table Centerpieces

Big Dipper Sponsor \$1,200

Mention in all press releases and web site

Tickets for Four (4) guests

Three (3) luminary bags with corporate name

Little Dipper Sponsor \$500

Mention in all press releases and web site

Tickets for Two (2) guests

Two (2) luminary bags with corporate name

Meteor Sponsor \$350

Named on event night materials

One (1) luminary bags with corporate name

Tickets for One (1) guest



Individual Tickets \$90

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

\$100 for Two (2)

- Supernova Sponsor - \$5,000*
- Comet Sponsor - \$3,000*
- Big Dipper Sponsor - \$1,200*
- Little Dipper Sponsor - \$500*
- Meteor Sponsor - \$350*
- Individual Ticket(s) - \$90*
- Luminary Bags - \$50 each*

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 am purchasing _____ Individual Ticket(s)
- I am purchasing _____ Sponsorship at the _____ Level
print sponsorship level name

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

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

Signature

Company: _____

As you would like it to appear on printed materials as a Sponsor

Contact Name: _____

Address: _____

Phone number: _____ E-Mail: _____

Please make checks payable to St. Mary's Home for Children

MAIL EVENT PAYMENT TO:

**St. Mary's Home for Children
 Attn: MC Miller**

420 Fruit Hill Avenue, North Providence, RI 02911

For additional information please call 401.353.3900 x 262

E-Mail: mcmiller@smhfc.org • www.smhfc.org