



Sponsorship Form

12200 Fairhill Road,
Cleveland, OH 44120

☎ (440) 945-6579

✉ womenofhope@womenofhopeoh.org

🌐 www.womenofhopeoh.org

Women of Hope Annual “Celebration of Hope” Fundraiser Gala
Giving hope and help to homeless women and families in transition
Saturday, October 26, 2019 at 6:00 P.M. to 10:00
Executive Caterers at Landerhaven

Please provide the following information:

Company/Organization Name: _____

Contact Name: _____

Title: _____ Authorized Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Sponsorship Opportunities

Listed below is a complete selection of sponsorships for the Women of Hope, Inc. Depending on what’s important to you, you can build a sponsorship package that meets your marketing needs. ***All payments are due October 1, 2019 to confirm your gala reservation.**

SPONSORSHIP’S LEVELS

PLATINUM SPONSOR \$1,000 and +

- ❖ 2 tickets to Gala
- ❖ Opportunity to provide sponsor remarks from the podium (1-1/2 minutes, please)
- ❖ Recognition as a Platinum Sponsor from the podium
- ❖ Name/Logo inclusion on promotional materials
- ❖ Name listed as a Platinum Sponsor in the Program

GOLD SPONSOR \$700

- ❖ Recognition as a Gold Sponsor from the podium
- ❖ Name/Logo inclusion on promotional materials
- ❖ Name listed as a Gold Sponsor in the Program

SILVER SPONSOR \$500

- ❖ Name/Logo inclusion on promotional materials
- ❖ Name listed as a Silver Sponsor in the Program



Sponsorship Form

BRONZE SPONSOR \$250

❖ Name listed as a Bronze Sponsor in the Program

I cannot attend, but would like to support with a donation of:

\$100 \$50 \$_____other

SILENT AUCTION DONATIONS

I would like to donate an item or service that can be used in the silent auction.

Method of Payment

Payment Enclosed Invoice Me Pay Pal - paypal.me/womenofhopeoh
Charge my credit card
 American Express Visa MasterCard Discover

Dedicate my donation to : _____

Honor someone special or memorialize someone who has passed with your gift.

Name on Card (use block letters): _____

Credit Card #: _____ Expiration Date: _____

Card Verification # (3-4 digits from back of the card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Mail Registration to: Women of Hope, Inc.
Sponsor /Donor Services
12200 Fairhill Road,
Cleveland, OH 44120

For Inquiries Call: (440) 945-6579 or
Email: womenofhope@womenofhopeoh.org