



Dare to Dream with SBANENY

Live & Silent Auction
Appetizers, Dessert & Entertainment

November 17, 2018

6:00 to 10:00 PM

Wolferts Roost Country Club, Albany, NY

*Honoree: Dr. Barry Kogan
Chief of the Division of Urology, Albany Medical Center*

Individual & Corporate Sponsorship Levels

\$5,000 Titanium Sponsor (one available)

- Naming rights & industry exclusivity
- Appreciation plaque
- Acknowledgement on stage the night of the event. Opportunity to speak.
- Full-page color ad, on inside or back cover of event program and in one SBANENY newsletter
- Logo & listing, with a link to your website, on SBANENY website & 4 Facebook posts
- Fourteen (14) tickets to the event

\$2,500 Gold Sponsor

- Acknowledgement on stage the night of the event. Opportunity to speak.
- Full-page ad in event program and in one SBANENY newsletter
- Logo and listing, with a link to your website, on SBANENY website & 2 Facebook posts
- Ten (10) tickets to the event

\$1,000 Silver Sponsor

- Acknowledgement on stage the night of the event
- Half-page ad in event program & in one SBANENY newsletter
- Name listed on SBANENY website & 1 Facebook post
- Four (4) tickets to the event

\$500 Bronze Sponsor

- Acknowledgement on stage the night of the event
- Quarter-page ad in event program and name listed in one SBANENY newsletter
- Two (2) tickets to the event

Honorary Committee

\$275 Two Star Honorary Committee

- Two complimentary event tickets
- Listing on website and event materials

\$150 Shining Star Honorary Committee

- One complimentary event ticket
- Listing on website and event materials



Event Program Advertisements

- \$400** Full page ad
- \$250** Half page ad
- \$125** Quarter page ad
- \$ 50** Eighth page ad

For additional information contact:

Karen Wentworth 518-399-9151 or admin@sbaneny.org



Individual & Corporate Sponsor Commitment Form

Please respond by **October 22, 2018**

Donor/Company Name: _____

(as you prefer to be listed on event materials)

Contact Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

Sponsorship Level	Program Advertisement
Please mark you selection.	All ads will be published in color. Please submit artwork in jpeg, eps or vector format to admin@sbaneny.org
<input type="checkbox"/> Gold (\$2,500), includes full page ad	<input type="checkbox"/> Full page (\$400) 5”w x 8.5”h
<input type="checkbox"/> Silver (\$1,000), includes ½ page ad	<input type="checkbox"/> Half page (\$250) 5”w x 4.25”h
<input type="checkbox"/> Bronze (\$500), includes ¼ page ad	<input type="checkbox"/> Quarter page (\$125) 2.5”w x 4.25”h
Honorary Committee	<input type="checkbox"/> Eighth page (\$50) 2.5”w x 2.125”h
<input type="checkbox"/> \$275 Two Star	
<input type="checkbox"/> \$150 Shining Star	

Payment Options:

Online: Go to www.sbaneny.org. Make payment through the donate button. In message, note “Dare to Dream Sponsor”

By Check: Please send this form with payment to: Spina Bifida Association of NENY
Attn: Karen Wentworth
123 Saratoga Road
Scotia, NY 12302

<input type="checkbox"/> For environmental reasons, please send my acknowledgment electronically to the following email address _____
<input type="checkbox"/> My company matches donations. I have included signed paperwork.

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**For SBANENY Office Use Only:**

Payment Received:

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
SBANENY Representative Signature / Title