

27th Annual Monsignor Braden Gala

Saturday, April 13, 2024

SPONSORSHIP PURCHASING FORM

Sponsorship levels and incentives are listed below. There are several affordable options and commitments available. All sponsor level commitments received by March 1, 2024, are guaranteed to be recognized via the plaques and signage per the corresponding incentive level. Any commitments received after March 1, 2024, will receive recognition via Facebook and the school website, due to printing deadlines.

Email any company logos to Raquel Wood at rwood@sthelencatholicsschool.org in a high-resolution jpg or pdf format.

\$100 Staff Ticket Sponsor

\$150 Sponsorship Level

8th grade Class Sponsor

\$300 Sponsorship Level

Gala Games Sponsor

Memorabilia Sponsor

Auction Sponsor

\$700 Sponsorship Level

Prize Sponsor

Ice Sculpture Sponsor

Photo Booth Sponsor

\$1000 Sponsorship Level

Marketing Sponsor

VIP Clergy Sponsor

Music Sponsor

\$1500-\$5000

Sponsorship Level

Decorations Sponsor (\$1500)

Entertainment Sponsor (\$2500)

Dinner Sponsor (\$3000)

Casino Sponsor (\$4000)

Band Sponsor (\$5000)

Incentives

\$300-\$700-Personalized Plaque

4x8 Memory Brick

\$1000- \$1500 Recognition on

printed materials

Plus \$300-\$700 Incentives

\$2000-\$5000

VIP Table for 10

Social Media/Website Recognition

Recognition on printed materials

+ all incentives

\$6000 VIP Sponsor

All VIP Incentives, sponsor

incentives and 1 birdcage key

Sponsor/Company Name:

Please print name/organization as it should appear on all printed materials.

Contact Name:

Phone: _____ Email: _____

SHCS Student Name: _____ Grade: _____ Teacher: _____

☐ Please accept this as a pledge for the above-mentioned sponsorship (payment due by 3/1/24).

100% of all sponsorship levels will count towards St. Helen Catholic School's Family Fundraising Commitment.

St. Helen Catholic Church & School are 501(c)(3) nonprofit organizations.

Your contribution is tax deductible to the extent allowed by law.

Sponsorship Amount: \$ _____ Item or Service Sponsored: _____

Paid by: ☐ Check # _____ (Payable to SHCS) ☐ Credit Card ☐ Square Invoice

Name on card: _____ Authorized Signature: _____

CC# _____ - _____ - _____ - _____ Exp.: ____/____/____ CVV: _____ Zip: _____

☐ I give permission for St. Helen Catholic School to charge my credit card for the amount due, shown above. I agree to pay the above total amount according to the card issuer agreement.