



2017 MARFY Youth Achievement Awards

Sponsorship and Acknowledgements

DEADLINE: May 19, 2017

Program Acknowledgements

Program Acknowledgements will appear in the Awards Banquet program that will be given to all Banquet attendees. This option also serves as a great opportunity to put in print how proud your agency is of your award nominee. Foster parents and family members are welcome to place ads as well. Corporate sponsors can also purchase a program ad to advertise their services and congratulate the award winners. Advertisements must be sent via email to manager@marfy.org in a **jpeg or word document file**, by **May 19, 2017**.

- Full Page Ad (8.5 x 11 inches) - \$175
- Half Page Ad (8.5 x 5.5 inches) - \$100
- Quarter Page Ad (4.25 x 5.5 inches) - \$50
- Business Card Ad (2 x 3.5 inches) - \$25

MARFY Youth Achievement Award Sponsorship

Sponsorship will be used to fund the monetary awards given to the children and offset the costs of dinner for nominees and invited guests.

Platinum Sponsor - \$1000

You will receive a free half-page acknowledgement in the program, two complimentary Banquet tickets, and have your organization's name on a sponsorship sign at the Banquet.

Gold Sponsor - \$500

You will receive a free quarter-page acknowledgement in the program, one complimentary Banquet ticket, and have your organization's name listed on a sponsorship sign at the Banquet.

Silver Sponsor - \$250

You will receive a free business card acknowledgement in the program, one complimentary ticket and your organization's name will be listed on a sponsorship sign at the Banquet.





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Please check the box of the option or options you would like to sponsor:

Program Acknowledgements

☐ Full Page (\$175) ☐ Half Page (\$100) ☐ Quarter page (\$25) ☐ Business Card (\$25)

MARFY Youth Achievement Awards Sponsorship

☐ Platinum (\$1000) ☐ Gold (\$500) ☐ Silver (\$250)

Contact Information

Agency _____ name: _____

_____ Contact Person: _____

_____ Street Address: _____

_____ City, _____ State,

Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

(an e-mail address is required to process registration or requests)

Payment Information:

Total Amount Due: \$ _____

☐ Please bill me at the address above (MARFY Members ONLY)

☐ Check included (payable to MARFY)

☐ Pay by credit card (circle one): ☐ VISA ☐ MasterCard ☐ Discover

C/C #: _____ V-

Code: _____ Expiration Date: _____ Billing Zip: _____

Credit Card Authorized Signature: _____

Please return form with payment by May 19 to:

ATTN: Rachel Mygatt

MARFY / Maryland Nonprofits

1500 Union Ave, Suite 2500

Baltimore, MD 21211

