

Blue & White 18TH ANNUAL BENEDICTINE HIGH SCHOOL Gala



MARCH 14, 2020

Intercontinental Hotel Cleveland

*If you have any questions, please
contact Debbie First at 216-421-2080
ext: 156 or first@cbhs.edu.*

benedictine
HIGH SCHOOL

Sponsorship Opportunities

Please check box

Corporate Sponsorship-\$10,000.00 (\$7,650.00 tax deductible)

Table of 10, sponsorship noted on invitation, full page program ad premium placement, preferred table seating, premium sponsorship recognition in program and on our Benedictine website.

St. Benedict-\$6,000.00 (\$3,650.00 tax deductible)

Table for 10, full page program ad, preferred table seating, premier sponsorship recognition in the program and on our Benedictine website.

Chancellor-\$4,000.00 (\$1,920.00 tax deductible)

Table for 8, full page program ad, preferred seating, premier sponsorship recognition in program and on our Benedictine website.

President-\$3,000.00 (\$1,320.00 tax deductible)

Table for 8, half page program ad, preferred table seating, premier sponsorship recognition in program and on our Benedictine website.

Principal-\$2,000.00 (\$860.00 tax deductible)

4 tickets, half page program ad, sponsorship recognition in program and on our Benedictine website.

Educator-\$1,500.00 (\$560.00 tax deductible)

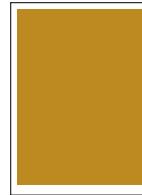
4 tickets, quarter page program ad, sponsorship recognition in program and on our Benedictine website.

Sponsor a Monk-\$175.00 (\$175.00 tax deductible)

Regretfully I am unable to attend but enclosed is my tax deductible donation _____

Advertising Opportunities

Please check box



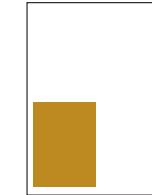
Full page ad:
\$1,000.00

7.75" wide x
10.25" high



Half page ad:
\$600.00

7.75" wide x
5" high



Quarter page ad:
\$400.00

3.6875" wide x
5" high

High-resolution PDF files are preferred. EPS, jpg or tiff files are also accepted.

All images should be 300dpi. All graphics, text, logos, and photos must be saved in 4-color CMYK. Email ads to first@cbhs.edu.

Company/Sponsor Name _____

Name _____ *Please print name as you would like to see it in our program*

Contact Name _____

Address _____

Email _____ Preferred Phone Number _____

Credit Card Info: Visa, Master Card, or Discover

Name _____

Credit Card Number _____

Expiration Date _____ CVC Code _____ Zip Code _____

Total Amount \$ _____