



THE BYZANTINE CATHOLIC EPARCHY OF PARMA

“Evening of Hope”

April 24, 2021 6:00 PM

Holiday Inn Cleveland South

6001 Rockside Road, Independence, OH 44131

Deadline for program acknowledgment: March 24, 2021

Sponsorship Levels: All levels include parking, dinner, cocktails, auction, fund-a-need and more.

- *Presenting Sponsor* (\$20,000 one available) includes:
 - 20 event tickets, full page ad in program, recognition at event, listing on promotional materials and website, recognition and full page ad in Eparchial magazine **Tax deduction \$18,500**
- *Diamond* (\$10,000) includes:
 - 15 event tickets, full page ad in program, recognition at event, listing on promotional materials and website, recognition and 1/2 page ad in Eparchial magazine **Tax deduction \$8,875**
- *Ruby* (\$5,000) includes:
 - 10 event tickets, full page ad in program, recognition at event, listing on promotional materials and website, recognition and 1/4 page ad in Eparchial magazine **Tax deduction of \$4,250**
- *Sapphire* (\$3,000) includes:
 - 8 event tickets, 1/2 page ad in program, recognition at event, recognition on website and Eparchial magazine **Tax deduction of \$2,400**
- *Emerald* (\$2,000) includes:
 - 6 event tickets, 1/4 page ad in program, recognition at event, recognition on website **Tax deduction of \$1,550**
- *Opal* (\$1,000) includes:
 - 4 event tickets, recognition in program and at event **Tax deduction of \$700**
- *Jade* (\$500) includes:
 - 2 event tickets, recognition in program and at event **Tax deduction of \$350**
- *Pearl* (\$100 per person) **Tax deduction \$25 per ticket**
- *I/We* are unable to attend, but please accept this gift of \$ _____

Program Advertisements

- \$500 Full Page – 4.5” wide x 7.5” tall
- \$300 Half Page – 4.5” wide x 3.75” tall
- \$150 Quarter Page – 2.25” wide x 3.75” tall

Gift: Enclosed _____ (payable to the Byzantine Catholic Eparchy of Parma)

Payment by Credit Card: (circle one) MasterCard VISA American Express Discover

Name on Card: _____ Card Number: _____

Expiration Date: _____ CVV # (back of card) _____ Amount: _____

Donor: Name to be listed in program: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Contact person (if different than name above): _____

Thank you for your support of our event! Donor will receive a written acknowledgment of this gift.

Federal Tax ID 34-1180594

Please return this form to: Judith Matsko – Eparchy of Parma • 5000 Rockside Road, Ste. 310 • Independence, OH 44131

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