



Sharing our Hearts
LUNCHEON

A Benefit for the
Roseland Children's
Health Center

CORPORATE SPONSORSHIP FORM

Please include us as sponsors of this year's event benefiting the Roseland Children's Health Center. We would like to participate at the following level:

_____ *\$5,000 Ace of Hearts (only one available)*

- Reserved table for up to 12 near the speaker
- Keepsake gifts at your table for each of your guests
- Space for company banner
- Verbal recognition by SCMAA President
- Acknowledgement on all promotional materials & event media communications

_____ *\$2,500 King or Queen of Hearts*

- Reserved table for up to 12 near the speaker
- Keepsake gifts at your table for each of your guests
- Space for company banner
- Verbal recognition by SCMAA President
- Acknowledgement on all promotional materials & event media communications

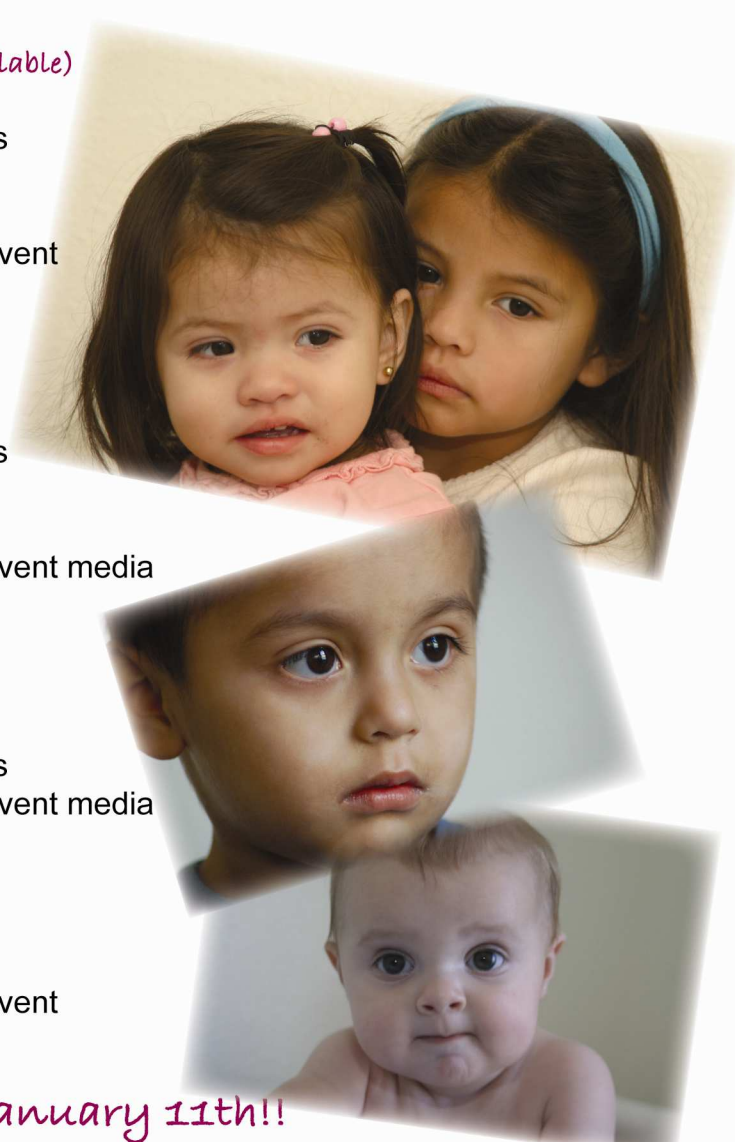
_____ *\$1,250 Sweetheart*

- Reserved table for 10
- Keepsake gifts at your table for each of your guests
- Acknowledgement on all promotional materials & event media communications

_____ *\$625 Valentine*

Includes 5 luncheon tickets

- Acknowledgement on all promotional materials & event media communications



Please reply by January 11th!!

Company Name _____
Contact Person _____
Address _____
City, State, Zip _____ Phone(____) _____
Authorizing Signature _____