

Louis J. Acompora Memorial Foundation
A Decade of Saving

Lives
March 13,2010



- **Platinum Corporate Sponsorship: \$12,000.00**
Name and logo on website
Signage at Benefit
Gold Page in Benefit Journal
Table of ten with preferred seating
One AED with training for 6 people to be used
in facility of your choice
- **Gold Corporate Sponsorship: \$5,000.00**
Signage at Benefit
Gold Page in Benefit Journal
Table of ten with preferred seating
- **Silver Corporate Sponsorship: \$1,000.00**
Signage at Gaming Table

JOURNAL ADVERTISEMENT

Please submit camera-ready artwork

- Outside Back Cover.....\$3,000.00
 - Inside Front Cover.....\$2,000.00
 - Inside Back Cover.....\$2,000.00
 - Gold Page.....\$500.00
 - Silver Page.....\$350.00
 - Full Page.....\$275.00
 - Half Page.....\$200.00
 - Quarter Page.....\$150.00
 - Business Card.....\$100.00
-
- Individual Dinner Tickets: \$175.00

SPONSORSHIP RESERVATION FORM



Louis J. Acompora Memorial Foundation "A Decade of Saving Lives" March 13, 2010

Company Name _____

Address _____

Contact Person _____

City _____

Title _____

State _____

Zip Code _____

Phone _____

Fax Number _____

E-Mail _____

SPONSORSHIPS

- ◇ PLATINUM CORPORATE:.....\$12,000.00
- ◇ GOLD CORPORATE:.....\$5,000.00
- ◇ SILVER CORPORATE:.....\$1,000.00
- ◇ INDIVIDUAL DINNER TICKETS:...\$175.00
- ◇ NUMBER OF DINNER TICKETS _____

JOURNAL ADVERTISEMENTS

- ◇ OUTSIDE BACK COVER: \$3,000.00
- ◇ INSIDE FRONT COVER: \$2,000.00
- ◇ INSIDE BACK COVER: \$2,000.00
- ◇ GOLD PAGE \$500.00
- ◇ SILVER PAGE \$350.00
- ◇ FULL PAGE \$275.00
- ◇ HALF PAGE \$200.00
- ◇ QUARTER PAGE \$150.00
- ◇ BUSINESS CARD \$100.00

Journal ads must be submitted no later than March 1, 2010
Send Camera-ready artwork to Karen Acompora P.O. Box 767 Northport NY 11768
or E-Mail artwork: k-acompورا@LA12.org
Please do not use a border on your Ad.



A SPONSORSHIP PACKAGE CAN BE DESIGNED TO MEET YOUR NEEDS



Tax exempt # 11-3539342
A 501(c)3 non-profit organization

- ◇ I cannot attend, but would like to make a donation in the amount of \$ _____

Method of Payment Visa American Express MasterCard Check

Credit Card # _____

Name as it appears on card _____

Amount _____

Exp. date _____

Signature _____

PLEASE MAIL THIS FORM ALONG WITH PAYMENTS TO:
LOUIS J. ACOMPORA MEMORIAL FOUNDATION
P.O. BOX 767 NORTHPORT, NEW YORK 11768-1971
FAX: 631-754-1091 PHONE: 631-754-1091
KAREN ACOMPORA k-acompورا@LA12.org