

Catholic Charities Hosts Annual Voice of Hope Event

SPONSORSHIP OPPORTUNITIES AVAILABLE:

CHANGING LIVES (PLATINUM) SPONSOR \$2,000

- Table for ten (10)* / full table
- Full-page ad in the program booklet (8.5 x 11)
- Company logo displayed at each table
- Company logo displayed on a poster at the bar
- Recognition from the podium
- Company logo displayed on website 30 days prior to event
- Promotion on all social media outlets 30 days prior to event

HOPE AND INSPIRATION (GOLD) SPONSOR \$1,500

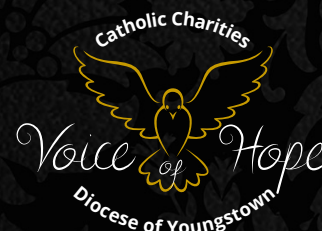
- Table for ten (10)* / full table
- Half-page ad in the program booklet (8.5 x 5.5)
- Company logo displayed on a poster at the bar
- Recognition from the podium
- Company logo displayed on website 15 days prior to event
- Promotion on all social media outlets 15 days prior to event

CARING HEARTS (SILVER) SPONSOR \$1,000

- Five (5) dinner tickets / half a table*
- Half-page ad in the program booklet (8.5 X 5.5)
- Company name displayed on a poster at the bar
- Company logo displayed on website 15 days prior to event
- Promotion on all social media outlets 15 days prior to event

HELPING HANDS (BRONZE) SPONSOR \$300

- Two (2) dinner tickets*
- Quarter-page ad in the program booklet (4.25 X 5.5)
- Promotion on all social media outlets 15 days prior to event



Select
One

PROGRAM ADS ONLY:

Full-page ad (8.5 x 11)

\$500.00

Half-page ad (8.5 x 5.5)

\$300.00

Quarter-page ad (4.25 x 5.5)

\$150.00

*Sample ads available upon
request or call us to
design your
advertisement
for you.*

Tickets / Table Purchase:

Number of Tickets _____ x \$75.00 = _____ (please provide names of guests and meal selection)

Number of Tables _____ x \$750.00 = _____ (please provide names of guests and meal selection)

* Call or email with names and meal selections: 330-744-8451, charities@youngstowndiocese.org: chicken / fish / vegetarian

Company Name: _____

Contact Name: _____

Address: _____

City / State: _____ Zip: _____

Phone: _____ Email: _____

Payment method:

Amount Due: \$ _____ Check # _____ - OR - Charge my card:

_____ Visa _____ Mastercard _____ Discover _____ Am Ex

Name on card: _____

Account #: _____

Exp. Date: _____ CV Code: _____ Billing Zip: _____

Signature: _____

*Space is
limited!*

**Return with
payment by
September 20, 2021**

Catholic Charities
Voice of Hope Dinner
144 West Wood St.
Youngstown, Ohio
44503

Scan to sign up online!



www.ccdoy.org