



La Salle Institute
ESTABLISHED 1850

Solicited By: _____ Date: _____

Phone: _____

***The Brother James Romond, FSC Annual Dinner & Auction:
"Celebrating Truth, Honor and Duty...Past, Present and Future"
to Benefit La Salle Institute, Saturday, March 19, 2016 @ 6 p.m.
The Hilton Garden Inn, Troy, NY***

Corporate Sponsorship/Advertising/Honor Roll Opportunities

1) CORPORATE SPONSORSHIP:

(Deadline for Inclusion in Program Only is 2/27/16)

_____ **Platinum/\$5,000+** Includes company name/logo on invitation and program, premium placement of full page ad and a reserved table of ten (10) tickets to event.

_____ **Gold/\$2,500** Includes company name/logo on invitation and program, full page ad and eight (8) tickets to event.

_____ **Silver/\$1,000** Includes company name/logo on invitation and program, half page ad and six (6) tickets to event.

_____ **Bronze/\$500** Includes company name/logo on invitation and program, quarter page ad and four (4) tickets to event.

**Contributions are Tax Deductible - La Salle Institute Tax ID #14-1338447*

2) ADVERTISING:

(Deadline for Inclusion in Program is 2/27/16) _____

_____ Full Page Ad/\$200 (8 x 10)

_____ Half Page/\$150 (8 x 5)

_____ Quarter Page/\$100 (4 x 5)

_____ Business Card/Congratulatory Page Ads/\$50 (2 x 3.5)

Please e-mail or attach correct size of camera-ready black & white.pdf or .jpg to Carol Ryan at carol.ryan@ge.com

3) HONOR ROLL:

(Deadline for Inclusion in Program Only is 2/27/16)

_____ Brother James Romond, FSC Benefactor/\$1,000
Includes six (6) tickets to event.

_____ Brother William Spellman, FSC Memorial/\$500
Includes four (4) tickets to event.

_____ Gold Honors w/ Distinction/\$250
Includes two (2) tickets to event.

_____ Gold Honors/\$125
Includes one (1) ticket to event.

CONTACT INFORMATION:

Name and Title: _____

Company Name _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail _____

Website: _____

Affiliation w/ La Salle: _____ Parent _____ Son's Grade
(OR) _____ Alumni _____ Class Year _____ Other

METHOD OF PAYMENT:

(We accept Cash, Check or Credit Cards)

_____ Check (Payable to La Salle Institute Parents' Club) is enclosed.

Charge my _____ MasterCard _____ VISA _____ AMEX

Account Number _____

Name on Card _____ Exp. Date _____

Security Code _____ Billing Zipcode _____

Signature _____

SEND FORM TO:

La Salle Institute – Attn: ***"Auction"***

” 174 Williams Road

Troy, NY 12180

518-283-2500

www.lasalleinstitute.org

Questions: Please contact Carol Ryan @ 518-337-3212

THANK YOU FOR YOUR SUPPORT!