



SUPERHERO DONOR RECOGNITION EVENT

MAY 22, 2018

THE PATRICIAN, 410 US HWY 30, SCHERERVILLE, IN

A. Sponsor the Superhero Donor Recognition Event

\$1,500 – Superhero for Our Community Sponsor-

Includes one table of 8, full-page color ad in the program, special recognition during the event, and other select marketing materials for the rest of the year.



\$1,000 – Superhero for Families Sponsor- Includes reserved table of 8, a half-page color ad in the program, and special recognition for sponsoring event.

\$800 – Superhero for Children Sponsor- Includes reserved table of 8, quarter-page color ad in program.

B. Advertise in Event Program

*Ad should be provided in copy-ready format or suitable digital format **on or before May 4, 2018.***

\$500 - full-pg color ad (8x5" vert.)

\$250 - half-pg color ad (4x5" horiz.)

\$150 - qtr-pg color ad (4x2.5" vert.)

C. Donate Auction Items

Donor and donations will be listed in the Event program. Desired items include:

- Gift Items
- Art Work
- Sports Memorabilia
- Services (commercial or personal)
- Get-away Trips
- Airline Tickets
- Sporting Event Tickets
- Theater / Music Tickets
- Spa or Restaurant Gift Cards

• Item description: _____

• Dollar value of gift: \$ _____

• (Your gift will be picked up by a MHALC Board member or it can be sent to a MHALC office **by May 4, 2018.**)

D. Make reservations to join us for the Event:

\$85.00 Individual Reservation X (# _____ people in your party) = **TOTAL: \$** _____

*** Reminder: no matter which options you choose, fill out the reverse!**

Payment Options

My check in the amount of \$_____ is attached or will be mailed.

Please charge my VISA / MC / DISCOVER / AMERICAN EXPRESS (**Circle One**)

Name on card: _____ Exp. Date: _____

Card #: _____ 3-digit security code: _____

Signature: _____

Donor Name (to be listed in Program):

Contact Person: _____

Billing

Address: _____
Street City State Zip

Phone: _____ **Email:** _____

Please mail this form with payment to:

**MHA of Lake County
Attn: Victor Garcia
5311 Hohman Ave.
Hammond, IN 46320**

Or you may **email** this form to Kim Smith at ksmith@mhalakecounty.org
or Victor Garcia at vgarcia@mhalakecounty.org

Contact Victor at (219) 397-7733 for additional information.

Mental Health America of Lake County's Tax Identification Number is 35-1014213