

Chesapeake Center for Youth Development 35th Anniversary Celebration Tickets & Sponsorships

Event Date: Saturday, November 7, 2009
Time: 7:00 pm to 11:00 pm
Where: Baltimore Museum of Industry
Ticket Price: \$100

Program Ads:

There will be a printed program for the Celebration. Each page of the program will be a standard letter size of 8.5 wide x 11 inches long. The ads will be included in the program for all guests and must be submitted to Porthira Chhim at porthira@ccyd.org by Friday, October 23, 2009.

Business Card Size = \$150
1/2 page ad = \$400
1/4 page ad = \$250

Full page ad = \$700
Inside front cover full page ad = \$900
Back cover full page ad = \$1000

Legacy Sponsor - \$5,000

- Opportunity to give a short speech at the event
- Recognition on all event signage
- Full Page Advertisement in Program
- Sponsorship recognition on special display
- Sponsor name and logo on Chesapeake Center website
- A full table at the event (10 seats)

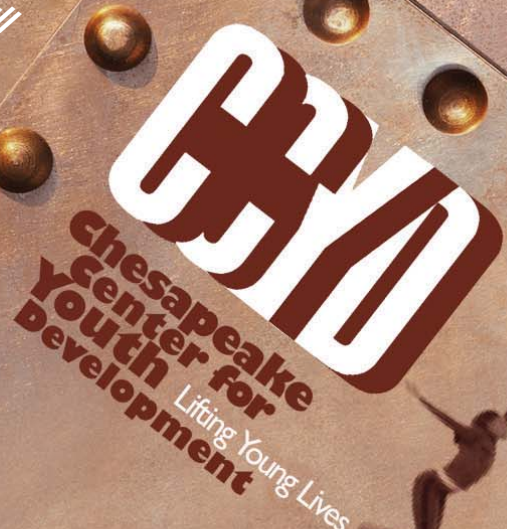
Vision Sponsor - \$2,500

- Half-Page Advertisement in Program
- Sponsorship recognition on special display
- Sponsor name and logo on Chesapeake Center website
- 5 tickets to the event

Mission Sponsor - \$1,000

- Quarter page advertisement in Program
- Sponsorship recognition on special display
- 2 tickets to the event

Complete reverse side and return 



Chesapeake Center for Youth Development 35th Anniversary Celebration

Name (and Bus./Org. if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

I would like _____ tickets at \$100 per person Total \$ _____

I would like to reserve _____ Table(s) for 10 at \$1,000 each. Total \$ _____

I would like to become an event sponsor:

- Legacy \$5000 For Program Ads Only:
 Vision \$2,500 Indicate size and amount from reverse side.
 Mission \$1,000 Size _____ \$ _____

Fold Along Dotted Line

Enclosed is an additional \$35 or \$ _____ in appreciation for CCYD's 35 years.

Sorry, I can not attend. Enclosed is a donation of \$ _____ in appreciation for CCYD's 35 years.

Payment Method: _____

- Check (make payable to CCYD) Credit Card

Please Circle One: VISA Mastercard

Credit Card # _____

Expiration Date: _____ V-Code: _____ Billing Zip Code: _____

Authorized Credit Card Signature: _____

***Event Sponsors: Please remember to forward your Ad and logos to:
porthira@ccyd.org.***

Buy Tickets online now at www.firstgiving.com/ccyd