
2012 SPIRIT OF CABRINI AWARDS DINNER

WEDNESDAY, JUNE 13, 2012 | THE PIERRE, NEW YORK CITY

DINNER & AWARDS UNDERWRITER **\$50,000**

Opportunity to present an award at the Dinner | VIP seating for 20 | Prominent signage in ballroom | Video advertisement at Dinner | Acknowledgement from the dais | Back cover ad in commemorative Dinner Program | Spotlight in Cabrini newsletter and website

DINNER & AWARDS PACKAGE **\$25,000**

VIP seating for 10 | Prominent signage in ballroom | Video advertisement at Dinner | Acknowledgement from the dais | Page in commemorative Dinner Program | Spotlight in Cabrini newsletter and website

COCKTAIL RECEPTION PACKAGE **\$20,000**

VIP seating for 10 | Prominent signage at cocktail reception | Acknowledgement from the dais | Video advertisement at Dinner | Listing in commemorative Dinner Program | Listing in Cabrini newsletter and website

AUCTION SPONSOR PACKAGE **\$10,000**

VIP seating for 10 | Prominent signage at auction table | Video advertisement at Dinner | Listing in commemorative Dinner Program

MISSIONARY SISTERS SPONSORSHIP

Listing in commemorative Dinner Program

Seating for 10 Missionary Sisters and their guests **\$6,000**

Individual Missionary Sister ticket **\$600**

SPONSOR PACKAGE **\$6,000**

Seating for 10 | Listing in commemorative Dinner Program

REGISTRATION SPONSOR **\$2,500**

Prominent signage at registration table | Listing in commemorative Dinner Program

FRIEND TICKET **\$1,250**

Individual ticket | Listing in commemorative Dinner Program

VIDEO SCREEN AD SPONSOR **\$1,000**

Your color AD with your logo projected on screens | Listing in commemorative Dinner Program

PRINTING AND AWARDS SPONSOR **\$750**

Listing in commemorative Dinner Program

INDIVIDUAL TICKET **\$600**

I am unable to attend but would like to make a tax-deductible contribution in the amount of \$_____ to the Cabrini Mission Foundation. The non-deductible portion of each ticket is \$200. Tax ID# 13-4000672.

See payment options on reverse side

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

FAX

EMAIL

PAYMENT OPTIONS

Please fill in all required information and select a payment option below.

Ticket total from reverse side \$ _____

Electronic screen ad: \$1,000 \$ _____

Note: Electronic Screen Ads not included in some sponsorship levels. See reverse side.

I am unable to attend but wish to support the Cabrini Mission Foundation with a tax-deductible contribution \$ _____

TOTAL \$ _____

CHECKS

Enclosed is my check for \$ _____ .

Please make checks payable to **Cabrini Mission Foundation** and mail to Cabrini Mission Foundation, 222 East 19th Street, Suite 5E, New York, NY 10003

CREDIT CARDS

Please charge \$ _____ to my:

Mastercard Visa Amex Discover

CREDIT CARD NUMBER

EXP.

SECURITY CODE

NAME AS IT APPEARS ON CARD

Note: You can RSVP or contribute online at www.cabrinifoundation.org

For electronic screen ads, please email PowerPoint slide or artwork and text to atorres@cabrinifdn.org.

Advertising & materials submission deadline: June 1, 2012.

For questions or more information regarding submission requirements please contact: **Aida Torres at 212.228.8608 or email atorres@cabrinifdn.org**



CABRINI MISSION
FOUNDATION