

MS DINNER OF CHAMPIONS



HONORING JUDITH M. VON SELDENECK
+ FOUNDER & CHAIRWOMAN, DIVERSIFIED SEARCH
NOVEMBER 9, 2012 + PHILADELPHIA MARRIOTT DOWNTOWN

PARTNERSHIP LEVELS

VIP PLATINUM PARTNER | \$25,000

Sole title sponsorship of the VIP reception with a speaking opportunity, signage and all the benefits of being the platinum partner (listed below).

PLATINUM PARTNER | \$20,000

Two tables for 16 guests, invitation to the VIP cocktail reception, status and signage at the VIP cocktail reception, full-page color interior cover or color ad in the commemorative journal and special tribute during the dinner program.

GOLD PARTNER | \$15,000

Table for 10 guests, invitation to the VIP cocktail reception and a full-page gold ad in the commemorative journal.

SILVER PARTNER | \$10,000

Table for 10 guests, invitation to the VIP cocktail reception and a full-page silver ad in the commemorative journal.

BRONZE PARTNER | \$5,000

Table for 10 guests and a full-page ad in the commemorative journal.

PATRON | \$3,500

Table for eight guests and a half-page ad in the commemorative journal.

SUPPORTER | \$500 per person

Name listing in the "Supporter" section of the commemorative journal.

FRIEND | \$350 per person

Name listing in the "Friend" section of the commemorative journal.

SUBSCRIPTION LEVELS COMMEMORATIVE JOURNAL ONLY

GOLD PARTNER | \$3,000

A full-page gold ad
Size: 9" h x 7 1/2" w

SILVER PARTNER | \$2,500

A full-page silver ad
Size: 9" h x 7 1/2" w

BRONZE PARTNER | \$1,700

A full-page ad
Size: 9" h x 7 1/2" w

PATRON | \$1,000

A 1/2-page ad
Size: 4 1/4" h x 7 1/2" w

CONTRIBUTOR | \$300

Name listed as contributor

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

SECRETARY/ASSISTANT/CONTACT NAME

PHONE

EMAIL

PAYMENT OPTIONS

PARTNERSHIP LEVELS

*Ads due by September 21, 2012

VIP PLATINUM PARTNER | \$25,000

BRONZE PARTNER | \$5,000

PLATINUM PARTNER | \$20,000

PATRON | \$3,500

GOLD PARTNER | \$15,000

SUPPORTER | \$500 per person

SILVER PARTNER | \$10,000

FRIEND | \$350 per person

You will receive a letter after the event noting the amount of your contribution that is tax deductible.

ENCLOSED IS MY CHECK

PLEASE SEND ME AN INVOICE

PLEASE CHARGE MY CREDIT CARD

CREDIT CARD INFORMATION

Visa MC DISC AMEX

CARD NUMBER | | | | | | | | | | | | | | | |

EXPIRATION DATE / /

NAME AS IT APPEARS ON CARD

SIGNATURE REQUIRED FOR PAYMENT BY CREDIT CARD

PLEASE RETURN TO : NATIONAL MS SOCIETY, GREATER DELAWARE VALLEY CHAPTER
30 SOUTH 17TH STREET, SUITE 800 • PHILADELPHIA, PA 19103
TEL 215-271-1500 | FAX 215-271-6122

** A copy of the official registration and financial information of the National Multiple Sclerosis Society, Greater Delaware Valley Chapter may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania 1-800-732-0999.