



# IRISH FEST SPONSORSHIP LEVELS



## **DIAMOND SPONSORSHIP - \$15,000** (*\$14,250 is deductible*)

- Premium seating for ten (10)
- Beverage service at your table
- Full page color ad in Irish Fest event program
- Logo on auction site
- Recognition during evening program
- Sponsor listing in event program

## **RUBY SPONSORSHIP - \$10,000** (*\$9,250 is deductible*)

- Premium seating for ten (10)
- Full page color ad in Irish Fest event program
- Logo on auction site
- Recognition during evening program
- Sponsor listing in event program

## **EMERALD SPONSORSHIP - \$5,000** (*\$4,250 is deductible*)

- Seating for ten (10)
- Half page color ad in Irish Fest event program
- Logo on auction site
- Recognition during evening program
- Sponsor listing in event program

## **CRYSTAL SPONSORSHIP - \$3,000** (*\$2,250 is deductible*)

- Seating for ten (10)
- Quarter page color ad in Irish Fest event program
- Logo on auction site
- Recognition during evening program
- Sponsor listing in event program

**PLEASE COMPLETE THE FORM ON THE NEXT PAGE AND RETURN TO:**

**CATHOLIC CHARITIES  
3300 NORTH 60TH STREET  
OMAHA, NE 68104  
or  
Ritac@ccomaha.org  
no later than January 12, 2019**





# IRISH FEST SPONSORSHIP FORM



Please check desired sponsorship level:

	<i>Diamond</i>	<i>\$15,000</i>
	<i>Ruby</i>	<i>\$10,000</i>
	<i>Emerald</i>	<i>\$5,000</i>
	<i>Crystal</i>	<i>\$3,000</i>

\_\_\_\_\_ No, I am unable to sponsor this year, but please accept the enclosed donation of \$ \_\_\_\_\_.

Company Name (as listed for Sponsorship) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*An email with information regarding the night of festivities will be sent to the contact person listed above. This email will feature check-in instructions, menu, pdf of event catalog and instruction on how to pre-register for mobile bidding.*

**Please make checks payable to the Catholic Charities Foundation**

### Credit Card Payments

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please print name exactly as it appears on card)

BILLING ADDRESS: \_\_\_\_\_ CITY, STATE ZIP \_\_\_\_\_

CARD: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

CARD #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature \_\_\_\_\_