

# Elizabeth's New Life Center 2017 North Partnership Banquet Banquet Support Form



Organization Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Thursday, October 19, 2017  
 A Learning Place  
 Piqua, OH

## ADVERTISING

Be identified in the community as a business who places a high value on human life.

Acceptable file formats include: JPG, PDF and TIF. We can only accept HIGH quality photos, letterhead and logos for scanning. **Technical Questions? Contact our Graphic Media Coordinator, Samantha Hoefler at 937-226-7414 Ext. 303 or shoefler@ElizabethNewLife.org**

- |  |                                      |                                    |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Page (5"W x 7.75" H) | <input type="checkbox"/> Color \$500 | <input type="checkbox"/> B&W \$450 |
| <input type="checkbox"/> 1/2 Page (5"W x 3.75"H)   | <input type="checkbox"/> Color \$300 | <input type="checkbox"/> B&W \$250 |
| <input type="checkbox"/> 1/4 Page (5"W x 1.75"H)   | <input type="checkbox"/> Color \$200 | <input type="checkbox"/> B&W \$150 |
| <input type="checkbox"/> 1/8 Page (2.5"W x 1.75"H) | <input type="checkbox"/> Color \$150 | <input type="checkbox"/> B&W \$100 |

**Ad Copy Deadline is September 15, 2017**

### Processing Program Ad Copy

- Copy is attached for scanning
- Use same ad copy as last time
- Copy will be mailed at a later date
- Copy and layout will be emailed to [shoefler@ElizabethNewLife.org](mailto:shoefler@ElizabethNewLife.org)
- Please call me I have questions

## UNDERWRITING

Be a banquet underwriter and make a powerful impact on our mission. Your support ensures that all funds raised at the event directly benefit our client programs and services. Underwriting does not require you to host a table.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Life Giving \$10,000+</b> Saves the lives of 20 babies   | <input type="checkbox"/> <b>Life Supporting \$1,000</b> Saves the lives of 2 babies            |
| <input type="checkbox"/> <b>Life Sustaining \$5,000</b> Saves the lives of 10 babies | <input type="checkbox"/> <b>Life Saver \$500</b> Saves the life of 1 baby                      |
| <input type="checkbox"/> <b>Life Enhancing \$2,500</b> Saves the lives of 5 babies   | <input type="checkbox"/> <b>Other \$_____</b> (All underwriting gifts are greatly appreciated) |

**Underwriters are acknowledged in our program book; please check if you prefer to remain ANONYMOUS.**

## PAYMENT OPTIONS

**Payment Options ~ Please indicate your preferred method of payment:**

Advertising Total: \$ \_\_\_\_\_ Underwriting Total: \$ \_\_\_\_\_

- Please Send Invoice (payable 30 days)
- Enclosed is my check made payable to ENLC/2017NorthBqt Ck# \_\_\_\_\_
- I made my payment online at [www.ElizabethNewLife.org](http://www.ElizabethNewLife.org)
- Charge my:  AMEX  Discover  MasterCard  Visa

Name as it appears on Card: \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sec. Code - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone# \_\_\_\_\_

Signature \_\_\_\_\_

**Authorized signature and phone # required to process credit card payments.**

### QUESTIONS?

Contact Barb Garrison at  
 937-226-7414 Ext. 330  
 or by email at  
[bgarrison@ElizabethNewLife.org](mailto:bgarrison@ElizabethNewLife.org)

**Please return form and  
 payment by mail to:**

**ENLC Administrative Office  
 2201 North Main St.  
 Dayton, OH 45405**

### FOR ENLC USE ONLY

Date Rec'd \_\_\_\_\_  
 Entered in WC/MS \_\_\_\_\_  
 Copy to Sam \_\_\_\_\_  
 Thank You Sent \_\_\_\_\_