

Elizabeth's New Life Center 2017 South Partnership Banquet Banquet Support Form



Organization Name: _____

Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Thursday, October 5, 2017
Oasis Conference Center
Loveland, OH

TABLE HOST

Fill a table with 10 guests. Table hosting does not require you to underwrite the table. **NEW: This year there is a \$25 per person registration fee for attending the banquet, payable by the guest.** Please return this form ASAP to secure your table reservation, seating is limited and fills up fast!

Yes! You can count on me to host a table! Thursday, October 5, 2017 (# of tables needed _____)

Please send Table Host Packet via: Mail ~ Email (Please provide email address on line provided above)

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.

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

- Life Giving \$10,000+
- Life Sustaining \$5,000
- Life Enhancing \$2,500

- Life Supporting \$1,000
- Life Saver \$500
- Other \$ _____

(All underwriting gifts are greatly appreciated)

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.

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

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
- Please call me I have questions

Ad Copy Deadline is September 21, 2017

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/2017SouthBqt Ck# _____
- I made my payment online at 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

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 _____