We offer:
• Medical & Dental Clinics
• Immigration Legal Services
• Michael H. Kappaz Workforce Development Program
• English Classes
• Food Pantry

Our staff:
• Speak More Than 8 Different Languages
• Have Experience Working With People From 72 Different Cultural Contexts
• Possess Over 100 Combined Years Of Service

THE NEED FOR THE SPANISH CATHOLIC CENTER HAS NEVER BEEN GREATER.

GALA DEADLINES
*INVITATION: July 12, 2017
**PROGRAM: September 8, 2017

PROGRAM AD SPECS
Color: Advertisements must be submitted in black and white or grayscale only.
Format: Advertisements must be submitted in JPG, PDF, or EPS formats only.

Program Ad Dimensions
Full Page ($25,000+): 7.5” high by 4.5” wide
Half Page ($15,000): 3.5” high by 4.5” wide
Quarter Page ($10,000): 3.5” wide by 2.125” high

Interactive Web Ad
Logo Size ($5,000+): 149 pixels long x 224 pixels wide
Additional information needed: website link

Thank you very much for your sponsorship!
SPONSORSHIP FORM

SPONSORSHIP LEVELS
○ PREMIER $100,000  ○ GOLD $25,000  ○ PEWTER $5,000  ○ OTHER __________
○ DIAMOND $75,000  ○ SILVER $15,000  ○ SUPPORT $3,000
○ PLATINUM $50,000  ○ BRONZE $10,000  ○ FRIEND $2,000
○ PEWTER $5,000  ○ SUPPORT $3,000
○ BRONZE $10,000  ○ FRIEND $2,000
○ SUPPORT $3,000
○ FRIEND $2,000

GUESTS /ATTENDANCE
○ YES, I/we will attend the gala. Guest list is enclosed or will be sent to Catholic Charities on or before September 8, 2017.
○ NO, I/we will not attend the gala and waive any goods and services to be received.

SPONSOR INFO
NAME/COMPANY: __________________________________________________________
Please print name(s) as it should appear in all printed materials and on signage.

Contact Person: ____________________________________________________________
If different from above.

Address: _______________________________________________________________

Email: _________________________________________________________________

Day Phone: ___________________________  Cell Phone: _______________________

GIFT INFORMATION
○ My company will match this gift.
○ Check enclosed (Please make checks payable to Catholic Charities).
○ Please charge my Visa/MasterCard/American Express in the amount of $ __________________

   ○ Personal Credit Card  ○ Business Credit Card

Card Number: ___________________________  Expiration Date: ____________________

Signature: _______________________________________________________________

PLEASE RETURN COMPLETED FORM TO:
Spanish Catholic Center Gala 2017
Attn: Carmen Joya
924 G Street, NW
Washington, DC 20001

Please contact Carmen Joya at 202.772.4334 or Events@CC-DC.org with questions.
Federal Tax ID # 53-0196524