



Interfaith Caring Ministries Presents . . .

Festival of Trees - A Holiday to Remember

The proceeds from the annual fundraiser help benefit our philanthropic programs.
December 1-2, 2010, South Shore Harbour Resort, League City, Texas

SPONSOR, UNDERWRITER, PROGRAM ADVERTISEMENT, AND AUCTION DONATION FORM

Donor Name or Organization _____ Phone _____

Name to be recognized in program _____ Person to thank _____

Person to contact _____ Email Address _____

Mailing Address _____ City _____ Zip _____

SPONSOR LEVELS:

- _____ \$10,000.00 Diamond Sponsor
- _____ \$ 5,000.00 Gold Sponsor
- _____ \$ 3,000.00 Silver Sponsor
- _____ \$ 1,000.00 10' Tree Sponsor
- _____ \$ 350.00 8" Tree Sponsor
- _____ \$ 250.00 6' Tree Sponsor
- _____ \$ 150.00 4' Tree Sponsor
- _____ \$ 50.00 Snowflake Sponsor

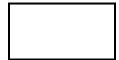
UNDERWRITERS:

- _____ \$ 1,800.00 Printing Underwriter for Fashion Show Program
- _____ \$ 1,800.00 Printing Underwriter for Dinner Program
- _____ \$ 1,500.00 Centerpiece Underwriter for Dinner
- _____ \$ 1,000.00 Centerpiece Underwriter for Fashion Show
- _____ \$ 1,000.00 Linen Underwriter for Dinner
- _____ \$ 1,000.00 Table Underwriter for Fashion Show
- _____ \$ 1,000.00 Table Underwriter for Dinner
- _____ \$ 800.00 Table Favor Underwriter for Fashion Show
- _____ \$ 800.00 Table Favor Underwriter for Dinner
- _____ \$ 500.00 Postage Underwriter for Fashion Show
- _____ \$ 500.00 Postage Underwriter for Dinner

ADVERTISEMENTS (The program page orientation will be landscape.)

- _____ \$250 Back cover (8 1/2" width x 5 1/4" height - landscape)
- _____ \$200 Inside front or inside back cover (8 1/2" width x 5 1/4" height - landscape)
- _____ \$150 Full page ad (other than cover) (8 1/2" width x 5 1/4" height - landscape)
- _____ \$75 Half page ad (3 1/2" width x 4 1/2" height - portrait)
- _____ \$40 Business card ad/Quarter page ad (four appear on page) (3 1/2" width x 2" height - landscape)

Full page



Half page



AUCTION DONATIONS:

Item or Service Donated _____

Restrictions _____

Value of Item (per donor) _____ Valid Until _____

Method of Payment: _____ Check* _____ VISA _____ MasterCard

*Make check payable to **Interfaith Caring Ministries** Check # _____ Date _____

Card Number _____ Expiration Date _____

Name on Card (please print) _____ Signature _____

Deadline to ensure program recognition is Friday, November 5, 2010

Signed _____ Donor or authorized party **Total \$** _____

Signed _____ Date _____
Interfaith Caring Ministries Representative

Interfaith Caring Ministries is a 501 (c) (3) organization.