



Linking Employment, Abilities and Potential

**36<sup>th</sup> Anniversary Celebration Sponsorship Packages**  
**Thursday Sept. 14, 2017 from 5-8 PM at The Breen Center in Ohio City**

Join LEAP in celebrating 36 years of empowering people with disabilities to find meaningful work, live independently, and participate in their community!

Level	Amount	Package
Presenting	\$2,500 (Estimated value of goods and services: \$480)	10 event tickets, full-page program ad, event signage, stage mention, award, "Presented By" on all event collateral and promotion
Gold	\$1,500 (Estimated value of goods and services: \$280)	6 event tickets, half-page program ad, event signage, name/logo* on all print event collateral
Silver	\$1,000 (Estimated value of goods and services: \$180)	4 event tickets, quarter page program ad, event signage, name/logo* on all print event collateral and promotion
Bronze	\$500 (Estimated value of goods and services: \$100)	2 event tickets, quarter page program ad, name on event signage
Patron	\$100 (Estimated value of goods and services: \$40)	1 event ticket, program listing

*Customized sponsor packages also available. Any contribution is federal tax-deductible to the extent it exceeds the value of goods and services provided.*

**Total Event Sponsorship Goal: \$20,000**

If you would like to sponsor LEAP's 36<sup>th</sup> Anniversary Celebration, please complete the commitment form on the reverse side of this page.

**Please return this form to LEAP:**

**Scan & Email**  
 tkuivinen@leapinfo.org

**Fax**  
 216-687-1453

**USPS**  
 2545 Lorain Ave.  
 Cleveland, OH 44113



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## 36<sup>th</sup> Anniversary Celebration Sponsorship Commitment Form

Yes! I want to sponsor LEAP's 36<sup>th</sup> Anniversary Celebration on Thursday, Sept. 14 from 5-8 PM at the Breen Center in Ohio City.

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Sponsorship Level** (see reverse side for package details)

Presenting    Gold    Silver    Bronze    Patron

**Payment** (please select **one** payment option)

**Please send me an invoice via email or USPS**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check enclosed**

**MasterCard**    **Visa**    **American Express**    **Discover**

Account Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Please email a high-res jpg or tif file of your company ad or organization logo by September 1st to: [tkuivinen@leapinfo.org](mailto:tkuivinen@leapinfo.org)