

MARK VINCENT PELINI

**MVP**

FOUNDATION

# CENTER OF EXCELLENCE AWARD SPONSORSHIP FORM

**12 FINALISTS**

**1 AWARD WINNER**

**GUEST SPEAKER: BO PELINI**

**PRICE PER TICKET \$40.<sup>00</sup>**

December 14, 2024 | 11:00<sup>AM</sup> - 1:30<sup>PM</sup>

St. Luke Roman Catholic Parish, 5235 South Ave, Youngstown, OH

CENTER OF EXCELLENCE AWARD

## **TITLE SPONSOR \$10,000**

- Logo on COE Award
- Table of 10 at Award breakfast with Signage
- Visibility and mention at the Award Breakfast welcome
- Listed in COE Agenda under Award Presentation
  - Photo with COE Award winner for press
- Mentioned in all social media and press releases
- Logo and link added to MVP COE page

CENTER OF EXCELLENCE AWARD

## **FINALIST TABLE SPONSOR \$1,000**

*(seeking sponsorship from booster club or local sponsor from each county)*

- Mention when finalist is introduced
- Table of 8 at Award breakfast with signage
  - Tagged on all social media
- Logo and link added to MVP COE page

CENTER OF EXCELLENCE AWARD

## **TABLE SPONSOR \$500**

- Table of 8 with signage
- Logo and link added to MVP COE page



FOUNDATION

# CENTER OF EXCELLENCE AWARD SPONSORSHIP FORM

Please email completed form to [MVPCOEAward56@gmail.com](mailto:MVPCOEAward56@gmail.com)

## CONTACT INFORMATION *(Please print or type)*

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

Contact Name (If donor is a company): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

## PAYMENT INFORMATION *(Please print or type)*

Yes, I would like to reserve the Title Sponsorship for \$10,000

Yes, I would like to reserve the Finalist Table Sponsorship for \$1,000

Yes, I would like to reserve the Table Sponsorship for \$500

Make checks payable to: **The Mark Vincent Pelini Foundation**

Mail to: **PO Box 3414, Boardman, Ohio 44513**

**EIN: 92-0584941** | All contributions are tax deductible to extent allowed by law.

### PLEASE CHARGE MY CARD

Card Number \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Exp. date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_