



# ARCHBISHOP'S SAINT PATRICK'S DAY BREAKFAST

Friday, the 15<sup>th</sup> day of March 2019  
7:30 a.m., Connecticut Convention Center, Hartford, Connecticut

## Guest Speaker: Conor Cuneen, Irishman Speaks

- \_\_\_\_\_ \$12,000 **PARTNER** (Premiere seating for 10, option to purchase an additional **ADJACENT** table for \$1,500, TOP logo recognition on signage, TOP logo in program book, full page program book ad, mentions by the emcee – Visit [FACSHartford.org](http://FACSHartford.org) for this Partnership Level's additional benefits)
- \_\_\_\_\_ \$5,000 **PRESENTING SPONSOR** (VIP seating for 10, option to purchase an additional **ADJACENT** table for \$1,500, logo recognition on signage, logo in program book, full page program book ad, mentions by the emcee)
- \_\_\_\_\_ \$3,000 **CORPORATE SPONSOR** (Priority seating for 10, logo recognition on signage, listing in program book, 1/2 page program book ad)
- \_\_\_\_\_ \$1,000 **BENEFACTOR TABLE** (Seating for 10, listing in program book, 1/4 page program book ad)
- \_\_\_\_\_ \$500 **FACS LEADERSHIP COUNCIL** (20% discount for member plus 1 ticket, recognition on signage and in program book – Visit [FACSHartford.org](http://FACSHartford.org) for this Partnership Level's additional benefits)
- \_\_\_\_\_ \$100 **INDIVIDUAL LEPRECHAUN SEATS**

**PROGRAM BOOK AD:** \_\_\_\_\_ **Full Page**(\$525) \_\_\_\_\_ **Half Page**(\$275) \_\_\_\_\_ **Quarter Page**(\$175)

\_\_\_\_\_ **Memorial Listing** – to honor an individual (\$50)

Name of loved one to be listed in program book \_\_\_\_\_

**FACS is a 501(c)(3) federally qualified, non-profit charity; thus, all donations are tax deductible to the full extent allowed by law. PLEASE CONSIDER CHECKING WITH YOUR EMPLOYER FOR MATCHING GIFT OPPORTUNITIES. THANK YOU.**

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### CONTACT & PAYMENT INFORMATION

Please print the following information. List Company or Individual Name as you would like to see it printed.

NAME OF SPONSOR (Company or Individual):

\_\_\_\_\_  
Name of Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Check enclosed (payable to FACS) \_\_\_\_\_ Please invoice me \_\_\_\_\_ Charge my Credit Card

CREDIT CARD – AMEX / DISC / MASTERCARD / VISA (circle one)

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SEC. CODE \_\_\_\_\_

Name on Card \_\_\_\_\_

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

#### Mail Completed Form with Check or Credit Card information to:

FACS, 467 Bloomfield Avenue, Bloomfield, CT 06002 OR Fax to: 860.242.0361 Attn: Marie

\* **R.V.S.P by March 1, 2019 - Payment must be received to reserve table(s).**

Contact FACS for Ad Spec Sheet, Partnership Program Details or Additional Event Information  
860.761.7499 or email [MDussault@Facshartford.org](mailto:MDussault@Facshartford.org) or visit [www.Facshartford.org](http://www.Facshartford.org)