

Foundation for the Advancement of Catholic Schools SAINT PATRICK'S DAY BREAKFAST



Friday, March 17, 2023

7:30 a.m., Hartford Marriott Downtown, Hartford, Connecticut

**Guest Speaker: Johnny "Joey" Jones, USMC, Retired
Iraq and Afghanistan War Veteran, FOX Host and Analyst**

- _____ \$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 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 up to 2 tickets, recognition on signage and in program book – Visit 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.

CONTACT & PAYMENT INFORMATION

Please provide 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

CARD # _____ EXP. DATE _____ SEC. CODE _____

Name on Card _____

Billing Address _____

Mail Completed Form with Check or Credit Card information to:

FACS, 92 Hopmeadow Street, Weatogue, CT 06089 OR Fax to: 860.325.5098 Attn: Laurie

*** R.V.S.P by March 7, 2023 - Payment must be received to reserve table(s).**

Contact FACS for Ad Spec Sheet, Partnership Program Details or Additional Event Information
860.325.5096 or email lschock@Facshartford.org or visit www.Facshartford.org