



SHOW YOUR SUPPORT AT THE 2023 LILAC EVENT & CELEBRATE 32 YEARS OF COMMUNITY INVOLVEMENT WITH US!

The highly anticipated 2023 LILAC EVENT is coming up in November, and we are relying on the continued support of our members and patrons to help victims of family violence and establish the upcoming Second Step Shelter. We hope to count you among us this year and we invite you to select your level of support below.

SPONSORSHIP OPTIONS & BENEFITS

<input type="radio"/> PLATINUM \$10,000	<input type="radio"/> GOLD \$5,000	<input type="radio"/> SILVER \$2,500
8 TICKETS TO THE EVENT BACK COVER IN PROGRAM	4 TICKETS TO THE EVENT INSIDE COVER IN PROGRAM	2 TICKETS TO THE EVENT FULL PAGE IN PROGRAM
Media coverage Interview on social media Visibility on social media Logo (event, invitation & program) Mention in press release Use of 'supporter' badge Mention in event wrap-up	Interview on social media Visibility on social media Logo (event, invitation & program) Mention in press release Use of 'supporter' badge	Visibility on social media Logo (event, invitation & program) Mention in press release Use of 'supporter' badge

PROMOTIONAL OPTIONS IN THE PRINTED PROGRAM

<input type="radio"/> FULL PAGE 8.5" W X 11" H \$750 (B&W) \$1,000 (Colour)	<input type="radio"/> HALF PAGE 8.5" W X 5.5" H \$350 (B&W) \$500 (Colour)	<input type="radio"/> QUARTER PAGE 4.25" W X 5.5" H \$200 (B&W) \$250 (Colour)	<input type="radio"/> BUSINESS CARD AD 3.5" W X 2" H \$150 (B&W) \$200 (Colour)	<input type="radio"/> WISHES PAGE (Name as stated below) \$100 (B&W)
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DEADLINE FOR SUBMISSIONS: OCTOBER 20, 2023

* Please supply files in PDF format, CMYK, outlined with 0.125 inches of bleed. Pages will be assigned in the order files are received. *

Add your children's names to our Lilac Event 2023 Program for \$25 each
 & give them a voice against violence: _____

PAYMENT DETAILS

THANK YOU FOR SUPPORTING US! PLEASE ADD THE TOTAL AMOUNT TO PAY: \$ _____

PAYMENT BY (Visa) (Mastercard) Cheque payable to *Shield of Athena Family Services*

Credit Card number _____ Expiration date _____ / _____ CVV _____

Name on card _____ Signature _____

Address _____

City _____ Prov _____ Postal Code _____ Telephone _____

Email _____ I wish to remain anonymous

