



2019 Salute to Excellence Gala
Suffolk County Community College
 Thursday, October 24, 2019; 7:00 pm – 10:00 pm
 Hilton Long Island/Huntington
 598 Broad Hollow Road, Melville, NY 11747
<http://sunysuffolk.thankyou4caring.org/gala>

Sponsorship Opportunities

___ **Diamond: Mission & Vision Sponsor**
\$30,000

- Priority seating for two Tables of Ten (20)
- Recognition as Diamond Title Sponsor
- Special Recognition at Event
- Priority Placement in the Journal

___ **Platinum: Economic Empowerment Sponsor**
\$20,000

- Priority seating for one Table of Ten (10)
- Recognition as Platinum Sponsor
- Special Recognition at Event
- Priority Placement in the Journal

___ **Gold: Student Success Sponsor**
\$15,000

- Table of Ten (10)
- Recognition as Gold Sponsor
- Gold Page Journal Ad

___ **Silver: Distinguished Faculty Sponsor**
\$10,000

- Table of Ten (10)
- Recognition as Silver Sponsor
- Silver Page Journal Ad

___ **Bronze: Community Builder Sponsor**
\$5,000

- 4 Tickets
- Bronze Page Journal Ad

___ **Copper: Lifetime Learning Sponsor**
\$3,000

- 2 Tickets
- Copper Page Journal Ad

___ I would like to sponsor a student(s) to attend. Enclosed is \$_____ for _____ ticket(s).

Tickets/Tables

___ **Individual Ticket \$300 per guest**

Please reserve _____ tickets at \$_____.

___ **Table of Ten \$2,800**

Donation

___ I cannot attend, please accept my contribution to SCCF of \$_____

Salute to Excellence Gala Journal

___ Back Cover SOLD	\$5,000
___ Gold Page	\$3,000
___ Silver Page	\$2,500
___ Bronze Page	\$2,000
___ Copper Page	\$1,500
___ Full Page (B&W)	\$1,000
___ Half Page (B&W)	\$ 500
___ Program Listing (max of 5 words)	\$ 250

The deadline for Journal Ad submissions is **Wednesday, September 4, 2019.**

Ad Dimensions:

Full Page: 7.25" w x 9.75" h
 Half Page: 7.25" w x 4.625" h

Please submit artwork no later than **September 4, 2019**

- ___ Please use advertisement from last year
- ___ I will send my ad in PDF format via email to Maggie at engm@sunysuffolk.edu

We would like our program listing to read:

Registration/Payment

Name _____

Title/Company _____

Address _____ City, State, Zip _____

Phone (____) _____ E-mail _____

Please make your check payable to: Suffolk Community College Foundation, Inc.

Total Amount: _____

You may charge your contribution to your (circle one): American Express MasterCard Visa

Account Number _____

Expiration Date _____ CVC _____ Signature _____

You may make your reservation online at: <http://sunysuffolk.thankyou4caring.org/gala>, fax your reservation to (631) 451-4940 and mail your payment separately or mail this form with your payment to: Suffolk Community College Foundation, The Cottage, 533 College Road, Selden, NY 11784. For more information please call Maggie at (631) 451-4458.