



2019

SALUTE TO EXCELLENCE

*Honoring Suffolk County
Law Enforcement*

Gala



Thursday, October 24, 2019
Hilton Long Island/Huntington
Melville, NY

SPONSORSHIP OPPORTUNITIES / REGISTRATION

SPONSORSHIP OPPORTUNITIES

_____ **Diamond: Mission and 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 \$ _____

_____ **Donation:** I cannot attend, please accept

my contribution to SCCF of \$ _____

_____ **Table of Ten:** \$2,800

SALUTE TO EXCELLENCE GALA JOURNAL

The deadline for journal ad submissions is Wednesday, September 4, 2019.

_____ **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

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; 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.