



SPONSORSHIPS

- ◇ **\$35,000—Presenting Sponsor**
- ◇ Reserved cabaret lounge seating for 14
- ◇ Full slide in digital journal
- ◇ Logo and link on event website
- ◇ Logo displayed prominently at event
- ◇ Social media mention and tag

- ◇ **\$15,000—Bees Knees**
- ◇ Reserved seating for 8
- ◇ Half slide in digital journal
- ◇ Logo and link on event website
- ◇ Logo displayed on event signage
- ◇ Social media mention and tag

- ◇ **\$5,000— Bootlegger**
- ◇ Reserved seating for 2
- ◇ Listing in digital journal
- ◇ Listing on event website
- ◇ Name displayed on event signage

- ◇ **\$25,000—Razzle Dazzle**
- ◇ Reserved cabaret lounge seating for 10
- ◇ Full slide in digital journal
- ◇ Logo and link on event website
- ◇ Logo displayed on event signage
- ◇ Social media mention and tag

- ◇ **\$10,000—Cat's Meow**
- ◇ Reserved seating for 4
- ◇ Quarter slide in digital journal
- ◇ Listing on event website
- ◇ Name displayed on event signage

TICKETS

- ◇ ___ VIP Ticket(s) at \$350 each
- ◇ Reserved seating *(limited # available)*

- ◇ ___ Individual Ticket(s) at \$250 each
- ◇ General admission *(no reserved seating)*

- ◇ I cannot attend, but please accept my tax-deductible donation to support SCO's children and families for \$_____

DIGITAL JOURNAL AND DONATION

- ◇ Full Slide \$3,000
- ◇ Half Slide \$2,000
- ◇ Quarter Slide \$1,000
- ◇ Listing \$500

Please submit high-res jpeg logo and/or greeting by June 6th to eflahive@sco.org

- ◇ Please accept my tax-deductible donation to support SCO's children and families for \$_____

CONTACT INFORMATION

Name/Company as it should appear on all *Speakeasy Soiree* materials _____

Mailing Address _____ City _____ State _____ Zip Code _____

E-mail *where you wish to receive ticket information and tax receipt* _____ Mobile _____ Home _____ Business _____

- ◇ Enclosed is a check payable to SCO Family of Services
- ◇ Please bill my American Express / Mastercard / Visa / Discover

Account Number _____ Expiration Date _____ CVV Code _____

Name as it appears on the card _____ Signature _____

Billing Address, *if different from mailing address* _____ City _____ State _____ Zip Code _____

Donations are tax deductible to the full extent provided by law. Non-Deductible amount is \$150 per ticket/per person. Tax ID# 11-2777066. Please send contributions in the form of a check to SCO Family of Services, 1 Alexander Place, Glen Cove, NY 11542, ATTN: Speakeasy. For additional information, please visit our website at www.sco.org or e-mail Abby Friedman at afriedman@sco.org