



Inspiration Ball

THURSDAY, MAY 1, 2025

THE GARDEN CITY HOTEL

SPONSORSHIPS

\$50,000—Visionary Sponsor

- ◇ 3 Tables of 10 (30 Tickets)
- ◇ Full slide in digital journal
- ◇ Logo and link on event website
- ◇ Logo displayed prominently at event
- ◇ Social media mention and tag

\$15,000—Hope Sponsor

- ◇ 1 Table of 10 (10 Tickets)
- ◇ Half slide in digital journal
- ◇ Logo and link on event website
- ◇ Logo displayed on event signage
- ◇ Social media mention and tag

\$5,000—Motivation Sponsor

- ◇ 4 tickets for guests
- ◇ Listing in digital journal
- ◇ Listing on event website
- ◇ Name displayed on event signage

\$25,000—Spark Sponsor

- ◇ 2 Tables of 10 (20 Tickets)
- ◇ Full slide in digital journal
- ◇ Logo and link on event website
- ◇ Logo displayed on event signage
- ◇ Social media mention and tag

\$10,000—Luminary Sponsor

- ◇ 6 tickets for guests
- ◇ Quarter slide in digital journal
- ◇ Listing on event website
- ◇ Name displayed on event signage

For online access to our event page, please either click the link or scan the QR Code:

TBD

TICKETS


DIGITAL JOURNAL

 _____ Individual Tickets at \$500 each

 Full Slide \$3,500

 Quarter Slide \$1,000


 Half Slide \$2,000

 Listing \$500

Please submit high-res jpeg logo and/or greeting by April 25th to eflahive@sco.org

DONATION

TOTAL

 I am unable to attend the event, but enclosed is my donation of \$ _____

 Total enclosed \$ _____


CONTACT AND PAYMENT INFORMATION

Name/Company as it should appear on all *Inspiration Ball* 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 _____

 Please list names of guests on second page.

GUEST NAMES

 If known, please list your guest names below:

Thank you for your support and generosity!

Donations are tax deductible to the full extent provided by law. Tax-deductible amount is \$375 per ticket/per person. Tax ID# 11-2777066. Please send completed form to SCO Family of Services, 1415 Kellum Place, Suite 140, Garden City, NY 11530, ATTN: Inspiration Ball.

For additional information, please visit our website at www.sco.org/Inspiration-Ball or contact Emma Flahive at eflahive@sco.org or at 516.666.0469.

SCO Family of Services is a charitable organization exempt from taxation under section 501(c)(3) of the Internal Revenue Code. A copy of our latest Annual Report can be obtained from SCO Family of Services at 1415 Kellum Place, Suite 140, Garden City, NY 11530, or from the New York State Attorney General by writing the Charities Bureau at 120 Broadway, 3rd Floor, New York, NY 10271.