



SPONSORSHIP OPPORTUNITIES

TRINITY ACADEMY CASINO NIGHT – April 27, 2012

Deadline for submission: March 30, 2012

Thank you for being a sponsor for the Trinity Academy Casino Night fundraiser to be held at The Grove on April 27, 2012. Trinity Academy is a 501 (c)3 charitable organization. Our EIN # is: 22-1512267. Contributions are tax-deductible to the extent allowed by law.

Sponsors will receive: Casino Night admission tickets as listed below (a \$95 per ticket value), raffle tickets as listed below for our Sponsor Only raffle, their name listed on table posters at the event, their name listed prominently in the Casino Night Program, and will be recognized in a newspaper acknowledgement. Please check your sponsorship level below.

TABLE SPONSORSHIP LEVELS

- ___ **Craps Table** \$2,500 receives 10 Casino Night admissions
100 raffle tickets for the Trinity Tuition Voucher, 14 tickets for sponsor only raffle
- ___ **Roulette Table** \$ 2,000 receives 8 Casino Night admissions
80 raffle tickets for the Trinity Tuition Voucher, 12 tickets for sponsor only raffle
- ___ **Platinum** \$ 1,500 receives 6 Casino Night admissions
60 raffle tickets for the Trinity Tuition Voucher, 10 tickets for sponsor only raffle
- ___ **Gold Sponsor** \$750 receives 2 Casino Night admissions
20 raffle tickets for the Trinity Tuition Voucher, 6 tickets for sponsor only raffle
- ___ **Silver Sponsor** \$500 receives 2 Casino Night admissions
20 raffle tickets for the Trinity Tuition Voucher, 4 tickets for sponsor only raffle
- ___ **Mystery Box** \$3,000 receives 12 Casino Night admissions
120 raffle tickets for the Trinity Tuition Voucher, 16 tickets for sponsor only raffle
- ___ **Horse Race Sponsor** \$1000 receives 4 Casino Night admissions
40 raffle tickets for the Trinity Tuition Voucher, 8 tickets for sponsor only raffle
Company or family name or logo on the television screen for 15 minutes before race

Name (please print) _____

Company (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Total \$ _____

___ Check Enclosed. Please make payable to: Trinity Academy HSA

Trinity Academy Solicitor _____

Please return form and payment to Trinity Academy HSA, PO Box 170, Caldwell, NJ 07006 Questions? Contact: Beth Mastrangelo, Co-Chairperson Phone: 973-903-4926 Email: beth_mastrangelo@me.com or Ava Reynolds Phone: 917-549-0511 Email: avareynolds@me.com

Thank you!