



AKRON

Eighth Annual Achieving Dreams Celebration

Thursday, October 2, 2014 ~ 6:00 p.m.

St. George's Fellowship Hall, 3204 Ridgewood Road, Akron, Ohio 44333

Kindly reply by August 1, 2014

Name of Contact Person: _____ Title: _____
 Organization/Company: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone #: _____ Fax #: _____ Email: _____

Please Select Sponsorship Level

- Presenting Sponsor** - \$10,000.00
(\$8,000.00 tax deductible)
- Scholar Sponsor** - \$7,500.00
(\$5,500.00 tax deductible)
- Achiever Sponsor** - \$5,000.00
(\$4,000.00 tax deductible)
- Mentor Sponsor** - \$2,500.00
(\$1,500.00 tax deductible)
- Collaborator Sponsor** - \$1,250.00
(\$750.00 tax deductible)

Please Select Size of Advertisement

(All ads, except sponsors, are in black & white. Extra fee for color ads.)

- Back Cover * (7 x 10 image area) \$ 500.00
- Inside Front Cover * (7 x 10 image area) \$ 400.00
- Inside Back Cover * (7 x 10 image area) \$ 400.00
- Full Page (7 x 10 image area) \$ 200.00
- One-half (1/2) page (7 x 5 image area) \$ 125.00
- One-fourth (1/4) page (3½ x 5 image area) \$ 75.00
- One-eighth (1/8) page (business card size) \$ 40.00

* Based upon availability

Please send electronic transmissions and artwork (TIF, JPEG, PNG, or PDF format) to: info@projectgradakron.org

Tickets and Contributions

Tables seat 8 persons.

\$ 100.00 (VIP - includes pre-event reception at 5:00 p.m. and program listing) (\$65.00 tax deductible)

\$ 65.00 (General Admission) (\$40.00 tax deductible)

- Yes. I/We will be able to attend.**
Number of Tickets ____ @ ____ .00 for Total \$ _____
- I would like to donate ticket(s) for students** (100% deductible)
Number of Tickets ____ @ ____ .00 for Total \$ _____
- I would like to purchase a table/tables.**
- I would like to sponsor/donate a table.**
- I am purchasing an advertisement.**
- No, I regret that I/we will be unable to attend.**
- I would like to make a donation (100% tax deductible) in the amount of \$ _____ to support:**
 - Project GRAD Akron's Programs \$ _____
 - Project GRAD Akron's Scholarship Fund \$ _____

Payment

Thank you for agreeing to serve as one of our generous supporters.

Please make checks payable to:

Project GRAD Akron

Total amount enclosed \$ _____

Form of payment

- Check or Credit Card

Credit Card information

Name on credit card _____

Visa/Discover/Master Card No. _____

Expiration Date _____

Billing Address _____

City/State/Zip Code _____

Daytime Phone _____

Email Address _____

Cardholder's signature required

Please return completed form and payment to:

Project GRAD Akron

400 W. Market Street, Suite 1, Akron, OH 44303-2060

For additional information, please **Call 330-761-3113; Fax 330-761-3246;**

Email info@projectgradakron.org; or Visit our Website at www.projectgradakron.org

Graduation Really Achieves Dreams