



TUESDAY, JUNE 6, 2023 WINDOWS ON THE RIVER

Registration: 11:30 AM
Program: Noon-1:30 PM



SPEAKER

**Cuyahoga County Executive
Chris Ronayne**

HONOREES

**The Center for Community Solutions
Cleveland VOTES**

GIVING RECOGNITION LEVELS

<input type="radio"/> PREMIER \$10,000	<ul style="list-style-type: none"> • Table for 8 • Company logo on-screen during the event • Full-page ad in the event program* 	<ul style="list-style-type: none"> • Company logo in event program* • Recognition on PEP's social media pages <p><i>Tax-Deductible amount: \$9,600</i></p>
<input type="radio"/> CHAMPION \$5,000	<ul style="list-style-type: none"> • Table for 8 • Full-page ad in the event program* • Company logo in event program 	<ul style="list-style-type: none"> • Recognition on PEP's social media pages <p><i>Tax-Deductible amount: \$4,600</i></p>
<input type="radio"/> LEADER \$2,500	<ul style="list-style-type: none"> • Table for 8 • Half-page ad in the event program* 	<ul style="list-style-type: none"> • Company logo in event program* <p><i>Tax-Deductible amount: \$2,100</i></p>
<input type="radio"/> PARTNER \$1,000	<ul style="list-style-type: none"> • Table for 8 	<ul style="list-style-type: none"> • Company logo in event program* <p><i>Tax-Deductible amount: \$600</i></p>
<input type="radio"/> FRIEND \$500	<ul style="list-style-type: none"> • 4 seats 	<ul style="list-style-type: none"> • Company name listed in event program <p><i>Tax-Deductible amount: \$400</i></p>
<input type="radio"/> TICKET \$100	<ul style="list-style-type: none"> • Individual seat at the event 	<p><i>Tax-Deductible amount: \$75</i></p> <ul style="list-style-type: none"> • Number of tickets _____ x \$100 = _____

*Please submit ads as "press quality" PDF files and submit logos as jpg or png file format to dmoore@pepcleve.org by Friday, May 12, 2023

CONTACT INFORMATION:

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

For recognition purposes, please list as _____

Check is enclosed.

Please bill my credit card. Name on Credit Card _____

MasterCard Visa American Express Discover

Credit Card # _____ Exp Date _____ / _____ Signature _____

Please bill me.

Contributions to support this campaign can be made online at pepcleve.org/donate/2023peprallyforkids

Please return this form with payment to Positive Education Program by FRIDAY, MAY 12, 2023 to:
Development Department, Positive Education Program, 3100 Euclid Ave., Cleveland, Ohio 44115.

Questions, contact Susan Berger at sberger@pepcleve.org or 216-361-7760 ext.119.