

FEATURED PANELIST

Blaine A. Griffin

Cleveland City Council President

Ken Outcalt

Principal, President of Development,
The NRP Group LLC

HONOREES

Deborah L. Plummer, PhD

Founder and Executive Director,
Getting to We, Inc.

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 	Tax-Deductible amount: \$9,600
<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 	Tax-Deductible amount: \$4,600
<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* 	Tax-Deductible amount: \$2,100
<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* 	Tax-Deductible amount: \$600
<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 	Tax-Deductible amount: \$400
<input type="radio"/> TICKET \$100	<ul style="list-style-type: none"> • Individual seat at the event • Number of tickets _____ x \$100 = _____ 		Tax-Deductible amount: \$75

*Please submit ads as "press quality" PDF files and submit logos as jpg or png file format to dmoore@pepcleve.org by FRIDAY, APRIL 12, 2024

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/2024peprallyforkids

Please return this form with payment to POSITIVE EDUCATION PROGRAM by FRIDAY, APRIL 12, 2024 to:
Development Department, Positive Education Program, 3100 Euclid Ave., Cleveland, Ohio 44115.