



November 3, 2017



Renaissance Hotel  
24 Public Square  
Cleveland, OH 44113

## National Philanthropy Day® Packages

Select your National Philanthropy Day® participation level:

**Table Sponsor - \$600**

- 1 Table (8 guests) to NPD Luncheon and Awards Ceremony
- Admission for 8 guests for the morning educational panel (details to follow)
- Table recognition
- Recognition in Event Program Book
- Honor Roll 2017 Listing - Recognize an individual or married couple from your organization:
  - Honor Roll is featured in: NPD presentation, AFP website, and event program book
  - Honoree(s) in attendance will receive a special gift at the event

**Luncheon Tickets - \$60 for AFP Members / \$85 for non-AFP Members**

# \_\_\_\_\_ AFP Members + # \_\_\_\_\_ Non-AFP Members = \$ \_\_\_\_\_

- Admission to NPD Luncheon & Awards Ceremony and the morning educational panel (details to follow)

**Honor Roll 2017 Listing - \$75**

- Recognize an individual or a married couple from your organization
- Honor Roll is featured in: NPD presentation, AFP website, and event program book
- Honoree(s) in attendance will receive a special gift at the event

**Event Program Book Advertisement Opportunities**

- \$600 - Full-page Advertisement or Awardee Recognition Ad (full-color, 8"H x 5"W)
- \$300 - Half-page Advertisement or Awardee Recognition Ad (full-color, 4"H x 5"W)
- \$200 - Quarter-page Advertisement or Awardee Recognition Ad (full-color, 4"H x 2.5"W)

## Honoree Information

Name of Honoree (individual or married couple) to be listed in the Honor Roll 2017:

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Name of Honoree(s)



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## Contact Information

Contact Name: \_\_\_\_\_

Name of Company or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Media/PR Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Name of your organization **as it is to appear in the event literature** and PR Materials.

\_\_\_\_\_

## Payment Information

**TOTAL DUE: \$** \_\_\_\_\_

- My check made payable to Association of Fundraising Professionals is enclosed.  
Mail check and form to: AFP Greater Cleveland Chapter, 4036 Center Road, Suite B, Brunswick, OH 44212
- I prefer to pay by credit card. Please contact me for payment details.
- Please invoice me.

**PLEASE RETURN FORM TO BY SEPTEMBER 1, 2017:**

You can purchase your package at [www.afpcleveland.org/NPD](http://www.afpcleveland.org/NPD) or return form to:

AFP Greater Cleveland Chapter  
4036 Center Road, Suite B, Brunswick, OH 44212  
E-mail [admin@afpcleveland.org](mailto:admin@afpcleveland.org) or Fax: (216) 803-9900

Questions? Please call (216) 696-1613.