

# Help us change the story for Philadelphia's abused and neglected children!

## **STORYTELLER** (One \$25,000 Lead Sponsor)

- Event Naming Opportunity
- Presenter of the Judge Lois Forer Advocacy Award
- Name and/or logo GOBO-lighted onto Crystal Tea Room walls
- Prominent mention in all event publicity and promotional materials
- Web link on Support Center for Child Advocates home page
- 50 ABR tickets for employees, corporate guests and friends
- Pre-event Meet and Greet with emcee Ron Jaworski

## **NARRATOR** (Ten \$10,000 Presenting Sponsors)

- Name and/or logo GOBO-lighted onto Crystal Tea Room walls
- Featured in Executive Director's welcome remarks
- Prominent mention in all event publicity and promotional materials
- Web link on Support Center for Child Advocates home page
- 30 ABR tickets for employees, corporate guests and friends
- Pre-event Meet and Greet with emcee Ron Jaworski

## **BELIEVER** (\$5,000 Benefit Sponsors)

- Listing in all event publicity and promotional materials
- Listing on Support Center for Child Advocates website
- 20 ABR tickets for employees, corporate guests and friends

## **MIRACLE WORKER** (\$3,000)

- Listing on event display materials
- 10 ABR tickets

## **ADVOCATE** (\$500)

- Listing on event display materials
- Two ABR tickets

## **CHAMPION** (\$1,000)

- Listing on event display materials
- Four ABR tickets

## **GUARDIAN** (\$250)

- Two ABR tickets

All contributions are welcome and are tax-deductible  
to the maximum extent allowed by law.

Please make checks payable to **Support Center for Child Advocates.**

CHANGE THE STORY



WWW.ADVOKID.ORG



Mr. & Mrs. John A Sample  
Company Name  
Address 1  
Address 2  
City, ST, Zip Code

Email: \_\_\_\_\_

Web Site: (If Applicable) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

I / We will be there! \_\_\_\_\_ # of guests attending.

I / We are unable to attend and have enclosed a contribution to SCCA.

A check made payable to SCCA in the amount of \$ \_\_\_\_\_ is enclosed.

Please Charge my  Amex  Visa  Mastercard

Card No.

Name on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Additional information or questions:

Please contact Louise Pangborn at LouiseP@advokid.org  
or 215.925.1913 x125

Reply Today