



Corporate Sponsorship Registration Form

23rd Annual SCTPN Dinner Dance Benefit: Glamorous Red Carpet Dinner & Dance Gala
 Saturday, April 9, 2016 @ 7:00 PM
 Grand Prospect Hall, Brooklyn, NY

Please complete the Corporate Sponsorship Registration Form

I, _____ of _____ on _____
full name organization today's date

- Pledge my support at the level selected below and will be attending Dinner Dance Benefit event.
- Pledge my support at the level selected below but will not be attending Dinner Dance Benefit event.
- Do not wish to become a sponsor for the Annual Dinner Dance Benefit but have enclosed a donation to support SCTPN Scholarship, Education, and Outreach Programs.

LEVELS		SPONSORSHIP VALUE
<input type="checkbox"/>	DIAMOND \$15,000	Lead sponsor for the 22nd Annual SCTPN Dinner Dance Benefit (cover the cost of family fun day in Brooklyn)
<input type="checkbox"/>	PLATINUM \$10,000	Co-sponsor for the 22nd Annual SCTPN Dinner Dance Benefit (provide financial assistance for financial hardships)
<input type="checkbox"/>	GOLD \$7,500	Support sponsor for the 22nd Annual SCTPN Dinner Dance Benefit (sponsor patients to attend the event)
<input type="checkbox"/>	SILVER \$5,000	Benefactor for the 22nd Annual Women of the Year Dinner Dance Benefit (cover cost of entertainment and photography)
<input type="checkbox"/>	BRONZE \$3,000	Patronage for the 22nd Annual Women of the Year Dinner Dance Benefit (provide metro cards for doctor visits)
<input type="checkbox"/>	Donation of \$ _____	To support SCTPN Scholarship, Education, and Outreach Programs.

Please post mail, email, or fax your response by: **February 29, 2016.**

Esme Hilman, Dinner Dance, Co-Chair
Sickle Cell Thalassemia Patients Network
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Please make check payable to: **Sickle Cell Thalassemia Patients Network** or pay online at www.sctpdinnerdance.org
 All contributions are tax deductible