



St. Augustine Health Campus  
**13<sup>th</sup> Annual Top O' the Towers Benefit Night**

**LaCentre Conference and Banquet Facility**, 25777 Detroit Road, Westlake, Ohio  
**March 5, 2010 ~ 6 to 9 pm**  
**Entertainment: *Michael Crawley & Marys Lane***

**Sponsorship Opportunities**

**Gold \$10,000**

Reserved seating for 10 to enjoy delicious hors d oeuvres, beer, wine, fabulous silent auction and music by *Michael Crawley & Marys Lane*  
 Name/logo on invitation, Press Releases and website (if confirmed prior to January 20<sup>th</sup>)  
 Individual banner with name/logo at event  
 Full page recognition in the benefit program (7 ½ x 10)

**Platinum \$5,000**

Reserved seating for 8 to enjoy delicious hors d oeuvres, beer, wine, fabulous silent auction and music by *Michael Crawley & Marys Lane*  
 Name/logo on invitation (if confirmed prior to January 20<sup>th</sup>)  
 Recognition at event, on website and in press releases  
 Full page recognition in the benefit program (7 ½ x 10)

**Diamond \$2,500**

Reserved seating for 6 to enjoy delicious hors d oeuvres, beer, wine, fabulous silent auction and music by *Michael Crawley & Marys Lane*  
 Recognition at event, on website and in press releases  
 Full page recognition in the benefit program (7 ½ x 10 )

**Emerald \$1,000**

Reserved seating for 4 to enjoy delicious hors d oeuvres, beer, wine, fabulous silent auction and music by *Michael Crawley & Marys Lane*  
 Recognition at event and on website  
 Half page recognition in the benefit book (7 ½ x 5)

**Sapphire \$500**

Reserved seating for 2 to enjoy delicious hors d oeuvres, beer, wine, fabulous silent auction and music by *Michael Crawley & Marys Lane*  
 Recognition at event and on website  
 Quarter page recognition in the benefit book (3 ¾ x 5)

\_\_\_ Unable to attend, please accept this donation which will be acknowledged in the benefit program book

Name as it should appear in Program: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 check enclosed  Send invoice  Visa/MC # \_\_\_\_\_ Exp.Date \_\_\_\_\_ Sec Code \_\_\_\_\_

A formal invitation will be mailed to you. Please forward ad, artwork or logo (EPS, TIFF, JPG) and names of guests with this form to:  
 St. Augustine Health Campus, Development Office, 7801 Detroit Ave, Cleveland, OH 44102  
 Phone: 216-939-7602; Fax: 216-939-7697; email: [dcarns@st-aug.org](mailto:dcarns@st-aug.org). Make checks payable to St. Augustine Health Campus.

*St. Augustine is a non-profit 501C-3 organization - Tax ID #34-1040692.  
 Forms may also be submitted electronically at [www.staugustinemanor.org](http://www.staugustinemanor.org)*