



COMPANY NAME: _____

COMPANY CONTACT: _____

EMAIL ADDRESS: _____

COMPANY WEB ADDRESS: _____

PLEASE INDICATE YOUR COMPANY'S DESIRED LEVEL OF SPONSORSHIP

_____ ALPHA SPONSORSHIP LEVEL - \$5,000
PRIMARY SPONSORSHIP

_____ BETA SPONSORSHIP LEVEL - \$2,500
SECONDARY SPONSORSHIP

_____ GAMMA SPONSORSHIP LEVEL - \$1,500
SPONSOR NAMING OPPORTUNITIES

_____ DELTA SPONSORSHIP LEVEL - \$500
SUPPORTING SPONSORSHIP

IN ORDER FOR BISHOP CHATARD TO PROVIDE YOUR COMPANY PROPER PUBLICITY FOR SPONSORSHIP, WE WILL NEED THE FOLLOWING BY **FRIDAY, FEBRUARY 5, 2010.**

COMPANY LOGO AND ADVERTISEMENT — JPEG FORMAT
ADDITIONAL PRINTED INFORMATION FOR ADVERTISEMENT
EMAIL TO HNIGHTINGALE@BISHOPCHATARD.ORG
PHONE: 317/251-1451 x2267

FAX SPONSORSHIP FORM TO: HEIDI NIGHTINGALE
317/254-5427