



THE MINISTRY OF CARING INC.

41st Annual Emmanuel Dining Room Auction

at the Chase Center on the Riverfront, Sunday, April 28, 2024

815 Justison Street, Wilmington, DE 19801



EVENT SPONSORSHIPS

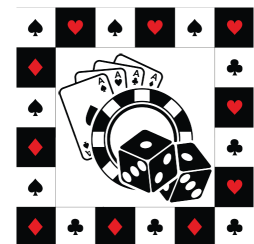
CATEGORY	CONTRIBUTION	TICKETS	MARKETING*	SOCIAL MEDIA**	Web Posting
<input type="checkbox"/> Presenting	\$10,000	12 guests	Logo	2 individual posts	Logo/link
<input type="checkbox"/> Royal Flush	\$5,000	8 guests	Logo	1 individual post	Logo/link
<input type="checkbox"/> Straight Flush	\$2,500	6 guests	Name	Name	Name w/link
<input type="checkbox"/> Full House	\$1,000	4 guests	Name	Name	Name w/link
<input type="checkbox"/> High Card	\$500	2 guests	Name	Name	Name only

*Marketing on invitation (only for Presenting and Royal Flush) **Facebook and Instagram

ON SITE SPONSORSHIP DETAILS

Signage

- Individual \$250
- Shared signage 1/2 page \$75
- Shared signage 1/4 page \$50
- Shared signage 1/8 page \$25



Please provide sponsorship artwork as a .png, an .eps, or a .pdf at 300dpi. All sponsorships are full color, CMYK. If your material is a text-based, please email your text. **Send all files and text to Chris Leonard at christopherpaul.leonard@gmail.com with 'EDR auction sponsorship' in the subject line.**

DEADLINE TO BE INCLUDED ON INVITATIONS IS MARCH 11, 2024

ITEM DONATION

Please submit all donations by April 21, 2024.

Description of item to be donated: _____ The tax-deductible retail value of this item is: \$ _____

Donation to be mailed or delivered to The Ministry of Caring This item must be picked up from my location on/by ____/____/20__

AUCTION ADMISSION TICKETS and DONATIONS

Individual admission, \$125 per person or \$75 per person (under 25 years old only)

____ tickets at \$125 each for a total of \$ ____ # ____ tickets at \$75 (under 25 years old only) for a total of \$ ____

Sorry, I/we cannot attend. Please accept my/our donation of \$ ____ for **Emmanuel Dining Room.**

DONOR INFORMATION

Individual or business name _____

Street _____ City _____ State ____ ZIP _____

Primary phone (with area code) _____ Email _____

Credit card payment details Please PRINT clearly and be sure to indicate the type of credit card you are using.

Account name _____ Card number _____

(The name on the card)

MasterCard VISA Discover Amex Card expiration date ____/____/____ CSV number _____

The three digit number on the back of the card.

Return this form to The Ministry of Caring Inc., 115 East 14th Street, Wilmington, DE 19801 Fax: (302) 652-1919
For more information, please contact Chris Leonard at (302) 293-9288 or via email at christopherpaul.leonard@gmail.com