OPPORTUNITIES 2017



	\$50,000	\$25,000	\$10,000	\$5,000	\$2,500	\$1,000
Introduction of Speaker at the Annual Dinner	•					
Logo at all event invitations and on event signage beyond the Annual Dinner and Spring Party.	•	•				
Annual Dinner-10 tickets /1 table	•	•	•			
Reserved seating at the Annual Dinner	•	•	•	•	•	•
Spring Party-10 tickets	•	•	•			
Annual Dinner-two tickets						•
Spring Party-two tickets						•
Annual Dinner-four tickets				•	•	
Spring Party-four tickets				•	•	
Logo on CFHOCO event registration website	•	•	•	•		
Logo on boiler plate for Constant Contact emails	•	•				
Logo on all printed event marketing material	•	•	•			
Ad placement in Annual Dinner event program -inside cover	•					
Ad placement in Annual Dinner event program -last page		•				
Ad size-full page in Annual Dinner event program	•	•	•			
Ad size-half page in Annual Dinner event program				•	•	
Ad size-quarter page in Annual Dinner event program						•
Logo on Annual Dinner paper invitation and signage	•	•	•	•	•	•
Logo on Annual Dinner evite	•	•	•	•	•	•
Logo on Spring Party evite	•	•	•	•	•	•
Logo on Spring Party paper invitation and signage	•	•	•	•	•	•
Logo on Main CFHOCO Website	•	•	•			



$\overline{ ext{WHY}}$

There are many reasons to sponsor the Community Foundation of Howard County

We strengthen the community by encouraging and supporting effective giving and by providing leadership on critical issues affecting those who live or work in Howard County.

We offer individuals, families and businesses a variety of ways to positively impact our community through charitable giving. Sponsoring the Foundation is a wonderful opportunity for you and your business to get exposure among hundreds of local and regional leaders while supporting a truly worthy cause that benefits the entire county.

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	□ \$50,000	□ \$25,000	□ \$10,000	□ \$5,000	□ \$2,500	□ s1,000
□ I ar	n enclosing a chec	k made payable	to the "Communi	ty Foundation of	Howard Coun	ty."
□ I w	ould like to pledge	· \$				
□ Ple	ase charge my cr	edit/debit card	\$	() Visa	$(\)$ Mastercard	$(\) {\bf Discover}\ \ (\) {\bf American} {\bf Express}$
Name:	(as printed on care	I) PLEASE PRI	NT			
Card #	:			Exp. Da	te:	SecurityCode:
Signat	ure (must be signe	d to be valid):				
Addres	ss:					
Home/	Business Phone:			C	ell:	
Email	Address:					
Please	list how you wou	ld like to be red	cognized:			
□ I/w	e prefer to remai	n anonymous.				

For more information or other ways to give, please go to www.cfhoco.org/give or call 410-730-7840.

