



**THURSDAY, MAY 4, 2017**  
**6:00 P.M. — 9:30 P.M.**

**Bethesda North Marriott Hotel & Conference Center**

**CO-CHAIRS**

**Todd Heavner, Enterprise Holdings**  
**David LaRoche and Linda Budney LaRoche,**  
**Community Volunteers**

**2017 DISTINGUISHED SERVICE AWARD HONOREE**

**Dick Pettit, The Pettit Companies**

## SPONSORSHIP OPPORTUNITIES

	Platinum Sponsor	Gold Sponsor	Silver Sponsor	Bronze Sponsor
<b>Cost of Sponsorship</b>	\$10,000	\$5,000	\$2,500	\$1,000
<b>Impact of Sponsorship</b>	New beds for 40 people exiting shelters into a permanent home	Vocational classes for 10 single parents	Dinner for 200 for one week at men's emergency shelter	Household furnishings for 1 veteran moving into a permanent home
<b># Guests at Gala</b>	Two Tables of 10	One Table of 10	4 Individual Tickets	2 Individual Tickets
<b>Event Program Ad</b>	Full Page	1/2 Page	1/2 Page	1/2 Page
<b>Your Name/Logo will appear:</b>				
Event Invitation	✓			
Table Signs	✓	✓		
Event program book	✓	✓	✓	✓
Annual Report	✓	✓	✓	✓
Website/Social Media	✓	✓	✓	✓
Newsletters	✓	✓	✓	✓

**Individual event tickets are available for \$150/guest.**

*Please deduct \$120/guest from the cost of your sponsorship/ticket purchases to determine tax deductible value of your support.*



montgomery county  
coalition for the homeless

## SPONSORSHIP AGREEMENT FORM

I/We would like to sponsor MCCH's 2017 Gala:

**Platinum** (\$10,000)

**Gold** (\$5,000)

**Silver** (\$2,500)

**Bronze** (\$1,000)

I've enclosed a check made payable to MCCH.

Please charge my credit card (see below).

I have sent the names of my guests to [dezrin@mcch.net](mailto:dezrin@mcch.net)

I have electronically sent our logo and/or art for a program ad to [dezrin@mcch.net](mailto:dezrin@mcch.net)

**Logos/art must be sent by Friday, April 7<sup>th</sup> for inclusion in program and signage.**

**Name as it should appear in event materials:**

_____	
<b>Contact Person:</b>	_____
<b>Contact Title:</b>	_____
<b>Phone:</b>	_____ <b>Fax:</b> _____
<b>Email:</b>	_____
<b>Mailing Address:</b>	_____ _____ _____
<b>Website:</b>	_____
<b>Credit Card Type:</b>	___ MasterCard ___ VISA ___ Discover ___ American Express
<b>Credit Card Number:</b>	_____
<b>Expiration date:</b>	_____/____/_____ <b>Security Code:</b> _____
<b>Signature:</b>	_____

**Please return to:**

Montgomery County Coalition for the Homeless

Attention: Debbie Ezrin

600-B East Gude Drive, Rockville, MD 20850

Email: [dezrin@mcch.net](mailto:dezrin@mcch.net)

Fax: (301) 217-0824