



OUR LADY OF SORROWS
PRE K-8 CATHOLIC SCHOOL

SCHOLAR PATRON & BUSINESS PARTNER PLAN 2017-18

Supporting the formation and education of the students of Our Lady of Sorrows School, Hamilton, NJ
to be the future leaders of our community

Gold Scholar Patron \$1,000

- Entitles donors to two tickets to the Knight to Remember Annual Dinner & Tricky Tray
- Recognition at the Parish's Annual Golf Outing
- Participation at the Annual Parish Picnic and the option to distribute your company literature on a reserved table
- Recognition at the Annual Christmas Show
- Recognition at the Annual Talent Show
- Recognition at the School Field Day
- Recognition at the four (4) School Assemblies
- Recognition in the weekly Church Bulletin available to 2000 families
- Recognition in PTA newsletters and communications
- Recognition on the Parish and School website footer

Silver Scholar Patron \$750

- Participation at the Annual Parish Picnic and the option to distribute your company literature on a reserved table
- Recognition at the School Field Day
- Recognition at the four (4) School Assemblies
- Recognition in the weekly Church Bulletin available to 2000 families
- Recognition in all School PTA newsletters and communications
- Recognition on the Parish and School website footer

Bronze Scholar Patron \$500

- Recognition in the weekly Church Bulletin available to 2000 families
- Recognition in all School PTA newsletters and communications
- Recognition on the Parish and School website footer

SCHOLAR PATRON/ BUSINESS PARTNER PLAN
2015-2016
RESPONSE FORM



OUR LADY OF SORROWS
PRE K-8 CATHOLIC SCHOOL

I would like to become a Scholar Patron/Business Partner of Our Lady of Sorrows School

Level of Patronage:

Gold Sponsor: \$1,000 Silver Sponsor: \$750 Bronze Sponsor: \$500

Company (if applicable): _____

Date: _____

Authorized by: _____ Title: _____

Person to contact for registrations/ tickets/ signage/questions/etc.:

Point person Email: _____ Ph: _____

Mailing

Address: _____ Town/St/Zip: _____

(if different)

Billing

Address: _____ Town/St/Zip: _____

Payment Information:

Send Invoice Check is being processed
 Charge Card Authorization AmEx MC Visa

Card# _____ Exp. _____ Amt. to be Charged: \$ _____

Cardholder: _____ Authorized Signature: _____

(if different from Corporate)

Cardholder

Address: _____

City/State/Zip: _____

Mail completed response form to: Our Lady of Sorrows School
3800 East State Street Ext.
Hamilton, New Jersey 08619
Phone: (609) 587-4140
Fax: (609) 584-8853