



22<sup>nd</sup> Annual

# Benedictine High School Blue & White Gala

HONORING THE MEN OF BENEDICTINE  
BEFORE, BETWEEN, AND BEYOND.

MARCH 16, 2024

AT THE

INTERCONTINENTAL, CLEVELAND

If you have any questions,  
please contact Ainsley  
Gialamas, Director of  
Operations and Events at  
(216) 721-5300 x280 or  
gialamas@cbhs.edu

## Sponsorship Opportunities

Please check box

- Corporate Presenting Sponsorship - \$25,000 (\$21,800 tax deductible)**  
(2) Tables of 10 with preferred seating, premium logo placement in marketing collateral and event website, special event recognition, inside front cover or back cover full-page ad in the program book.
- St. Benedict Sponsorship - \$10,000 (\$8,080.00 tax deductible)**  
(1) Table of 12 with preferred seating, premium logo placement on event website, full-page ad in the program book.
- Chancellor Sponsorship - \$7,500 (\$5,550.00 tax deductible)**  
(1) Table of 10 with preferred seating, premium logo placement on event website, full-page ad in the program book.
- President Sponsorship - \$5,000 (\$3,000.00 tax deductible)**  
(1) Table of 10 with preferred seating, premium logo placement on event website, ½ page ad in the program book.
- Principal Sponsorship - \$3,500 (\$1,900.00 tax deductible)**  
(8) Tickets, premium logo placement on event website, ½ page ad in the program book.
- Educator - \$2,000 (\$1,500.00 tax deductible)**  
(4) Tickets, 1/4 page ad in the program book.

## Advertising Opportunities

All ads will be placed in the 2024 Blue and White Gala Program Booklet.

Please check box.

- Full- Page ad: \$1,000**  
Ad size: 7.75"W x 10.25" H
- ½ Page ad: \$750**  
Ad size: 7.75"W x 10.25" H
- ¼ Page ad: \$500½**  
Ad size: 7.75"W x 10.25" H

High resolution PDF files are preferred. EPS, jpg, or tiff files are accepted. All images should be 300dpi. All Graphics, text, logos, and photos must be saved in 4-Color CMYK. Email ads to [gialamas@cbhs.edu](mailto:gialamas@cbhs.edu) by 1/31/24.

Company/ Sponsor Name: \_\_\_\_\_

Name (Print name as you want it to appear in program): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

**Total Amount: \$ \_\_\_\_\_**

Checks Should be made out and mailed to Benedictine High School Attn: Advancement Office, 2900 Martin Luther King Jr. Drive, Cleveland, OH 44104

Payment By Credit Card Information: Visa, Mastercard, or Discover

Name: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_