



**Friday, February 6, 2026 • 6:00 – 10:30 p.m.
Music Box Concert Hall • Cleveland.**

All sponsorships include valet parking, a plated Irish dinner and 2 drink tickets per person. In addition, you will receive recognition/listing on event banners and on the St. Augustine Health Ministries website, newsletters and in social media announcements.

With a special tribute to the 70th Anniversary of Holy Family Hospice!

Sponsorship Opportunities:

Event Sponsor • \$7,500 (\$6,300 tax deductible)

- Logo/Name as Event Sponsor on all promotional material
- Prominent recognition/signage at event
- VIP Reserved table for 10
- Full page cover color ad in event program

Over the Rainbow Sponsor • \$5,000 (\$3,800 tax deductible)

- Reserved table for 10 with table recognition
- Full page color ad in event program

Pot O' Gold Sponsor • \$2,500 (\$1,600 tax deductible)

- Reserved table for 8 with table recognition
- Half page color ad in the event program

Three Leaf Clover Sponsor • \$1,500 (\$760 tax deductible)

- Reserved table for 6 with table recognition
- Half page color ad in the event program

Claddagh Ring • \$750 (\$436 tax deductible)

- Reserved seating for 4
- Quarter page color ad in event program

Kiss the Blarney Stone Sponsor • \$500 (\$363 tax deductible)

- Reserved seating for 2
- Listing in event program

Valet Underwriter • \$2,000 (\$1,600 tax deductible)

- Prominent signage at the Valet.
- Company promotional material & give-a-way in each car
- Full-page color ad in the event program

Dessert Underwriter • \$1,000 (\$850 tax deductible)

- Prominent recognition/signage near dessert station
- Quarter page color ad in the event program

General admission tickets - \$125 per person (includes valet, plated dinner & two drink tickets per person)

Program Advertising: Artwork, including ads and sponsor logos due by January 20.

**Full-page color ad • \$400
4.75" wide x 7.75" tall**

**Half-page color ad • \$250
4.75" wide x 3.75" tall**

**Quarter-page color ad • \$150
4.75" wide x 1.75" tall (horizontal)
2.25" wide x 3.75" tall (vertical)**

Raffle Donations help us fund vital programs and services. Please consider donating a raffle basket, wine, bourbon, dinner, theatre, concert, travel or sporting event tickets.

Thank you for your support!

If your company has a **MATCHING GIFT PROGRAM**, please consider St. Augustine Health Ministries as a recipient.

Email: form, logo, and/or ad to: hthaw@st-aug.org | Call 216.939.7711 | Visit: StAugMinistries.org/concert

Mail to: St. Augustine Health Ministries, Advancement Office, 7801 Detroit Ave., Cleveland OH 44102



Sponsorship and Donation Form

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Donor Name: _____

(exactly as you would like it to appear on sponsor signs, promotional or written materials, and event websites)

The donor is: an individual a company/organization anonymous

Contact: _____ Title: _____

Address _____ City _____ State _____ Zip _____

office cell home Phone: _____ E-mail: _____

Sponsors:

<input type="checkbox"/> \$7,500 Event sponsor	<input type="checkbox"/> \$2,000 Valet sponsor	<input type="checkbox"/> \$750 Claddagh Ring sponsor
<input type="checkbox"/> \$5,000 Over the Rainbow sponsor	<input type="checkbox"/> \$1,500 Three Leaf Clover sponsor	<input type="checkbox"/> \$500 Kiss the Blarney Stone sponsor
<input type="checkbox"/> \$2,500 Pot o' Gold sponsor	<input type="checkbox"/> \$1,000 Dessert sponsor	<input type="checkbox"/> # _____ @ \$125 General Admission

Ads:

\$400 Full-page ad \$250 Half-page ad \$150 Quarter-page ad
(4.75" wide x 7.75" tall) (4.75" wide x 3.75" tall) (4.75" wide x 1.75" tall - horizontal)
(2.25" wide x 3.75" tall - vertical)

Ads must be received by Jan. 20
Email to hthaw@st-aug.org

In-kind donation description: _____ Estimated value \$ _____

General Donation: \$ _____

If your company has a **MATCHING GIFT PROGRAM**, please consider St. Augustine Health Ministries as a recipient.

Total amount: \$ _____



I prefer to pay online at www.staugministries.org/concert or follow the QR code

Send invoice by: _____ mail _____ email. Check enclosed (payable to St. Augustine Health Ministries)

Please charge my credit card. Name on card: _____ Billing zip: _____

Card #: _____ Exp. date: _____ CVV: _____ Signature: _____

Please list the names of all attending or who you would like to be seated with. Names are required at check-in and valet. No tickets will be mailed.

Please donate all or a portion of my tickets to religious or staff. # of tickets to donate: _____

Thank you for your support!

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