



OUR LADY OF SORROWS
PRE K-8 CATHOLIC SCHOOL

SCHOLAR PATRON & BUSINESS PARTNER PLAN

Educating our students to be future leaders in their community

Gold Scholar Patron \$1,000

- **Table top** at the Annual Knight to Remember Dinner/Tricky Tray & listing in Program
 - Recognition at the Parish's Annual Golf Outing & & listing in Program
 - **Table top** at the Annual Parish Picnic
 - **Table Top** at the 5K Run
 - 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
- Monthly announcement 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

- **Table top** at the Annual Parish Picnic
- Recognition at the Parish's Annual Golf Outing & & listing in Program
 - Recognition at the School Field Day
 - Recognition at the four (4) School Assemblies
- Monthly announcement 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

- Monthly announcement 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

Guardian Angel Supporters..... \$300

- Recognition on the Parish and School website footer
- Recognition in all School PTA newsletters and communications
- Quarterly recognition on the Parish and School website footer

SCHOLAR PATRON/ BUSINESS PARTNER PLAN
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
 Guardian Angel Supporters..... \$300

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 MC Visa

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

Authorized

Cardholder: _____ 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