



**Friday June 22, 2018**

**The Cooperage  
Project, Honesdale**

**6-9 pm**

***Join us and Support our Summer Solstice Cocktail Event  
Celebrate the beginning of Summer with Local  
Farm to Plate Food, Drink and Music!***

*\$125 Friend Sponsors*

- Two complimentary tickets to the event
- Company/individual name on event signage and promotions
- Promotion in social media outlets and recognition on Lacawac website

*\$250 Harvest Sponsors (4 Available)*

- One of four food station sponsors and verbal recognition at the event
- Four complimentary tickets to the event
- Company logo/individual name on event signage and invitations
- Promotion in social media outlets and recognition on Lacawac Website

*\$500 Presenting Sponsor (1 Available)*

- Title and presenting sponsor for Summer Solstice
- Six complimentary tickets to the event
- Company logo/individual name on event signage and invitations
- Placement of company banner or information at the event
- Verbal acknowledgement of sponsorship at event
- Promotion in social media outlets and corporate recognition with logo and link on Lacawac's website

# 2018 Summer Solstice Sponsorship Commitment



*We wish to become a 2018 sponsor of the Summer Solstice Cocktail Event, celebrating Wayne County's finest, at the following level:*

\_\_\_\_\_ \$500 Presenting Sponsor      \_\_\_\_\_ \$250 Harvest Sponsor      \_\_\_\_\_ \$125 Friend Sponsor

## Company contact information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsor Name listed as: \_\_\_\_\_

Sponsor URL/Web Address: \_\_\_\_\_

*Please provide us with a copy of your company logo and send to [craig.lukatch@lacawac.org](mailto:craig.lukatch@lacawac.org)*

## Payment options

Check (Make payable to Lacawac Sanctuary)

Please invoice us at the address provided above

Credit Card:  VISA  MASTERCARD  DISCOVER  AMEX

Please charge the following credit card number in the amount of \$ \_\_\_\_\_

Name of Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Acct Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Make Checks Payable to:

Lacawac Sanctuary  
94 Sanctuary Road, Lake  
Ariel PA 18436

Phone/Fax:  
570.689.9494

Email:  
[craig.lukatch@lacawac.org](mailto:craig.lukatch@lacawac.org)

**Complete and Return by  
June 1<sup>st</sup>**

*The official registration and financial information of Lacawac Sanctuary may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.*