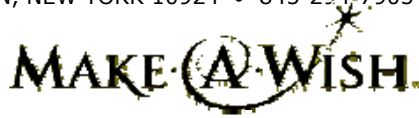




P.O. BOX 528, 9 COATES DR., GOSHEN, NEW YORK 10924 • 845-294-7905 • FAX 845-294-3414 • WWW.OCAR.COM

April 21, 2010



Dear Make-A-Wish Friend:

The Orange County Association of REALTORS® would like to invite you/your company to participate in our annual Make-A-Wish Foundation® fundraiser by taking a DIAMOND, PLATINUM, GOLD or SILVER SPONSORSHIP for this wonderful event on October 28, 2010.

DIAMOND SPONSORSHIP includes 10 tickets, a full page journal ad, diamond sponsorship signage at the OCAR office, ad in the newsletter, special acknowledgement at the podium and a memorable keepsake. Cost of a Diamond sponsorship is \$2,500 (or plus).

PLATINUM SPONSORSHIP includes 7 tickets, a full page journal ad, platinum sponsor listing in the journal, corporate sponsor signage at OCAR office, ad in the newsletter, special acknowledgement at the podium and a memorable keepsake. Cost of a platinum sponsorship is \$1,500.

GOLD SPONSORSHIP includes 5 tickets, a full page journal ad, gold sponsor listing in the journal, corporate sponsor signage at OCAR office, ad in the newsletter, special acknowledgement at the podium and a memorable keepsake. Cost of a gold sponsorship is \$1,000.

SILVER SPONSORSHIP includes 2 tickets, ½ page journal ad, silver sponsor listing in the journal, special recognition at the podium, and a memorable keepsake. Cost of a Silver Sponsorship is \$500.00

So that we can appropriately thank you for your generous support, please make check payable to the Orange County Association of Realtors on or before the June 30th deadline.

If you have any questions, please call Barbara Valentia at 845-457-3365.

Thank you in advance for your support.

Sincerely,
Make-a-Wish Fundraising Committee

Diamond Platinum Gold Silver

Make-A-Wish Sponsorship

Contact Name _____ Contact # _____

Company _____ Paid Check #: _____

___ Cash ___ AmX ___ MC ___ Visa **Total Payable OCAR: =\$ _____ . _____**

Card #: _____ **Exp. Date:** ____ / ____ / ____

Please Print Clearly

Card Holder Name _____ Phone # _____

Please Print Clearly

Card Holder Billing Address _____

City _____ State _____ Zip _____

Card holder Signature: _____ **Date:** _____

Make Checks Payable to OCAR: Mail Checks to OCAR, PO Box 528, Goshen, NY 10924



Please supply a list of attendees using the sponsorship tickets

