

Sponsorship Order Form



Dioceses of New York and Charleston
 & and the Mid-Atlantic Parish Life Conference]
 June 27 – 30, 2024
 Hosted By: St. Mary’s Church (Hunt Valley, MD)
 724-238-3877 x402

nyplc@antiochianevents.com
www.nativityofthetheotokos.org

Following the tradition of the past Parish Life Conferences, we are soliciting Sponsorships to underwrite the cost of events and fixed expenses, while providing a means to make this Parish Life Conference a success. All sponsors will be recognized for their support throughout the Conference.

Sponsorship Deadline: May 1, 2024

CATEGORY NAME	INCLUDED IN SPONSORSHIP	DONATION (USD)
<input type="checkbox"/> Gold Sponsor	Sponsorship signage at Selected Event . Event Registration for four (4) and four (4) tickets for Dinner on Saturday Night	\$2,000.00
<input type="checkbox"/> Silver Sponsor	Sponsorship signage at Selected Events. Event Registration for two (2) and two (2) tickets for Dinner Saturday Night	\$1,000.00
<input type="checkbox"/> Bronze Sponsor	Sponsorship signage at Selected Events. Event Registration for one (1) and one (1) ticket for Dinner Saturday Night	\$500.00
<input type="checkbox"/> Parish Contribution		\$300.00
<input type="checkbox"/> Personal Donation	Acknowledgement throughout the PLC	\$100.00

All Sponsors will have their name, or company name, featured prominently in the Parish Life Conference and receive signage.

Provide the exact text of your Sponsorship Message
Include how you want your name(s) to read.

Name: _____

Company: _____

Address: _____

City & State/Province: _____

Zip Code/Postal Code: _____ Telephone: _____

E-mail: _____

Diocese: _____

Parish Name: _____

Parish City: _____ Parish State/Province: _____

Payment Form



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Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

<p>Purchase Item (s) <i>Check all item(s) that is for this payment:</i></p> <p> <input type="checkbox"/> Event Registration <input type="checkbox"/> Souvenir Journal <input type="checkbox"/> Sponsorship/Donation <input type="checkbox"/> Vendor </p>
<p>Payment Options (Check one):</p> <p> <input type="radio"/> Credit/Debit Card <input type="radio"/> Check (E-Check) <input type="radio"/> Cash/Money Order </p>
<p>Credit/Debit Card Information <i>to be completed for all Credit/Debit Card Payments</i></p> <p> <input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below </p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p>Check (E-Check) Information <i>to be completed for all Check Payments</i></p> <p>U. S. Accounts Only!</p> <p> <input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below </p> <p>Bank Account Type <input type="radio"/> Checking <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____ <i>As it appears on check</i></p> <p>Bank Routing (ABA) Number: _____ <i>9 Digit Bank Code (see Sample on right side)</i></p> <p>Bank Account Number: _____ <i>6-15 digit account number (see sample in eight side)</i></p>

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: _____

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at www.antiochianevents.org/ny/terms-of-use and hereby authorize the Antiochian Archdiocese, Dioceses of New York and Charleston & Mid-Atlantic Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ _____ (USD) Date: _____

Signature _____

Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

