



COMM AVE CHARITY CLASSIC

JULY 15, 2016

SPONSORSHIP OPPORTUNITIES

July 15, 2016

5 pm to 10 pm

**Walter Brown Arena
at Boston University**

Current and former NHL players face off in this BC vs BU alumni hockey game in honor of Dick Kelley, Coach Jim Cotter, Ron Perryman, Pete Frates and all those who have lost their lives to ALS. All proceeds benefit Compassionate Care ALS and The Travis Roy Foundation.

Contact Pat Mullane for more details:

pmullane11@gmail.com

(203) 605-7706

CCALS

COMPASSIONATE CARE ALS

LEADING A NEW VISION IN ALS CARE SINCE 1998

*Compassionate Care ALS is a tax-exempt 501 (c) (3) organization.
Our tax ID #is 04-3567819*

TRAVIS ROY FOUNDATION

Thank you for your support

Sponsorship Levels

Center Ice Sponsor - \$3,000

- Full page corporate advertisement in program book
- Corporate logo and acknowledgement on Compassionate Care ALS website
- 10 event tickets
- Name recognition as Center Ice sponsor during the game
- Meet and greet with the players in the locker room between periods (For 5 children accompanied by adult)
- One custom Comm Ave Charity Classic Jersey

Red Line Sponsor - \$1,500

- Half page corporate advertisement in program book
- Corporate logo and acknowledgement on Compassionate Care ALS website
- 6 event tickets
- Name recognition as a Red Line sponsor during the game

Blue Line Sponsor - \$500

- Quarter page corporate advertisement in program book
- 2 event tickets
- Name recognition as Blue Line sponsor during the game



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SPONSOR

Yes, we would like to sponsor the Comm Ave Charity Classic at the:

- \$3,000 Center Ice Sponsor Level
- \$1,500 Red Line Sponsor Level
- \$500 Blue Line Sponsor Level

DONATE

I would like to contribute by:

- Website (Donate at www.ccals.org)
- Personal Check (Please enclose check in the envelope payable to CCALS)
- Credit Card (Please fill in billing address below)

Name and Title _____

Company or Organization _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

- Check enclosed (Please make payable to CCALS and send to
Compassionate Care ALS at P.O. Box 1052 West Falmouth, MA 02574)

Amount _____

- Please bill my/our credit card

Visa MasterCard AMEX Discover

Card Number _____ Security/CVV Code _____

Expiration date _____ Billing Zip Code _____

Signature _____