



PARTNERSHIP OPPORTUNITIES

● **EDUCATOR PARTNER: \$100,000**

Supports the salary of one full-time teacher/mentor serving 25 students for the school year

Donation benefits include: Name, logo and link prominently displayed on Elevate New York website; Name and logo prominently displayed on marketing materials; Acknowledgment in annual report / newsletter; and invitations to donor-only events.

● **LEADERSHIP PARTNER: \$50,000**

Supports the salary of one teacher’s aid serving 25 high school students for the school year

Donation benefits include: Name, logo and link on Elevate New York website; Name and logo on marketing materials; Acknowledgment in annual report / newsletter; and invitations to donor-only events.

● **IN - CLASS PARTNER: \$25,000**

Supports in-class programming, speaker presentations and unique educational opportunities

Donation benefits include: Name, logo and link on Elevate New York website; Name and logo on marketing materials; Acknowledgment in annual report / newsletter; and invitations to donor-only events.

● **AFTERSCHOOL PARTNER: \$10,000**

Supports afterschool programming including attending sports games, theater performances and healthy snacks

Donation benefits include: Name and link on Elevate New York website; Name on marketing materials; and acknowledgment in annual report / newsletter.

● **PROGRAM PARTNER: \$5,000**

Supports the cost of two students in the program

Donation benefits include: Name on Elevate New York website; and acknowledgment in annual report / newsletter.

● **STUDENT PARTNER: \$2,500**

Supports the cost of one student in the program

Donation benefits include acknowledgment in annual report / newsletter.

● **ADVENTURE PARTNER: \$1000**

Supports extra-curricular activities that help develop leadership and teamwork

Donation benefits include acknowledgment in annual report / newsletter.

● **ADDITIONAL AMOUNT: _____**

I would like to make a donation in the above amount.

Please fill out the following information:

Name(s) – Please print

Company Name

Please list name as you would like to be recognized.

Address

City

State

Zip

Phone

Fax

Email Address

Please charge my credit card (circle one): Visa / American Express / MasterCard

___ Check enclosed (payable to “Elevate New York”)

Card# _____

CCV# _____

Exp. date _____

Signature: _____

Please mail, fax or email this form to:

Elevate New York Event Office, 353 Lexington Ave., 5th Floor, New York, NY 10016

T: 917-577-7652 Email: ksingleton@elevatenewyork.org