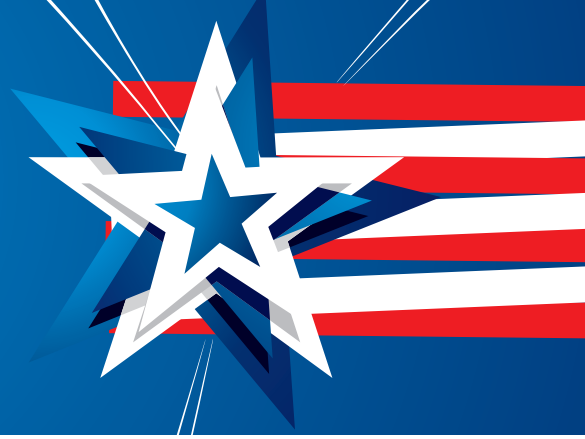


JULY 3 Fireworks Fest



SPONSORSHIP OPPORTUNITIES

JULY 3, 2024 • 7:30 PM

Rubenstein Pavillion

Ovation Jewish Home

1414 N Prospect Ave | Milwaukee



JEWISH HOME & CARE CENTER FOUNDATION

Supporting Ovation Communities

Chai Point Jewish Home Kavod Terrace

ovation
communities



Net proceeds will help support the purchase of medical and nursing equipment for the Jewish Home and Chai Point.



SPONSORSHIP OPPORTUNITIES	Big Bang \$5,000 <i>(only two opportunities available)</i>	All American \$3,600	Stars & Stripes \$1,800	Red \$1,000	White \$500	Blue \$360
Admission for Monya's Garden, second floor private terrace with full cook-out meal and entertainment	20					
Admission for		16	8	6	4	2
Guaranteed underground parking spaces	5	4	2	2	1	1
Reserved fireworks seating at Weinberg Terrace		★	★			
Shared screen sponsorship at event			★	★	★	
Full screen sponsorship recognition	★	★				
Voice recognition at event	★	★				
Sponsorship recognition in <i>Kavod Connections</i> Magazine	★	★	★	★	★	★
Sponsorship recognition on the Ovation website	★	★	★	★	★	★



MORE INFORMATION: www.ovation.org/foundation/july3

For sponsorship information contact:

Tanya Mazor, President, Jewish Home and Care Center Foundation, Inc.

414-721-9260 | tmazor@ovation.org

In accordance with IRS regulations, your contribution exclusive of \$36 per person, is tax deductible.

Jewish Home and Care Center Foundation, Inc. EIN: 39-1555857

JULY 3 Fireworks Fest

SPONSORSHIP OPPORTUNITIES

- Presenting | \$5,000
- All American | \$3,600
- Stars & Stripes | \$1,800
- Red | \$1,000
- White | \$500
- Blue | \$360
- Unable to participate, please accept my donation of \$ _____



LOGO SUBMISSION

Please email company name and logo to foundation@ovation.org by June 21, 2024.



SPONSORSHIP INFORMATION

Company Name _____

Address _____

City _____

State / Zip _____

Contact Name _____

Contact Phone / Cell _____

Contact Email _____

PAYMENT INFORMATION

Please accept my method of payment:

- Check enclosed, payable to Jewish Home and Care Center Foundation
- Visa Mastercard American Express

Card number _____

Expiration date _____ Security code _____

Name on card _____

Billing address: Same as above

Address _____

City/State/Zip _____

Please indicate the names of guests who will be in attendance:

