

# CORNERSTONE

Celebrating the Community Builders of Greater Washington

Honoring Robert P. Kogod with the inaugural Community Builder Award



Thursday, September 30, 2021 | 6:30 PM | Four Seasons Hotel, Washington DC

## SPONSORSHIP PACKAGES

BENEFITS	PILLAR \$100,000	ANCHOR \$50,000	CREATOR \$25,000	DEVELOPER \$10,000	DESIGNER \$5,000
Number of Tickets	16	10	8	4	2
Type of Seating	Premiere	Premiere	Preferred	Preferred	
Stage Recognition	✓	✓			
Recognition on Screen	✓	✓	✓		
Recognition on Printed Sponsorship Materials	✓	✓	✓	✓	✓
Recognition on Live Stream	✓	✓	✓	✓	✓
Recognition at Real Estate Division Pre-Reception	✓	✓			
<i>Your sponsorship will also help subsidize ticket costs for emerging young leaders in real estate</i>	<i>Subsidize 20 tickets</i>	<i>Subsidize 15 tickets</i>	<i>Subsidize 10 tickets</i>	<i>Subsidize 5 tickets</i>	

***Proceeds from Cornerstone sponsorships will benefit Federation's anti-poverty initiative.***

*Sponsorships are tax deductible less \$125 couvert per ticket.*

*Please turn over for the sponsorship form.*



The Jewish Federation  
OF GREATER WASHINGTON

CONNECT  
WITH  
PURPOSE



# CORNERSTONE

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## SPONSORSHIP FORM

Submit your completed form to **Ali Naide** at **[Ali.Naide@shalomdc.org](mailto:Ali.Naide@shalomdc.org)** or  
mail to The Jewish Federation of Greater Washington, 6101 Executive Blvd., North Bethesda, MD 20852

### SPONSORSHIP PACKAGE

Please select a sponsorship package below.

Please refer to the first page for a full list of benefits.

- ☐ **\$100,000** PILLAR – 16 seats
- ☐ **\$50,000** ANCHOR – 10 seats
- ☐ **\$25,000** CREATOR – 8 seats
- ☐ **\$10,000** DEVELOPER – 4 seats
- ☐ **\$5,000** DESIGNER – 2 seats

### PROGRAM SPONSOR LISTING

Please indicate your preferred listing as a sponsor in the  
printed program. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION

Enclosed is payment in the amount of \$\_\_\_\_\_.

- ☐ Check payable to: The Jewish Federation of Greater Washington
- ☐ Credit Card:
  - ☐ AMEX ☐ VISA ☐ MASTERCARD ☐ DISCOVER

### YOUR INFORMATION

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Contact Name \_\_\_\_\_

Preferred Contact Email \_\_\_\_\_

### GUEST INFORMATION

Please send the names and email addresses of your guests  
to **[Ali.Naide@shalomdc.org](mailto:Ali.Naide@shalomdc.org)**.

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_

Signature \_\_\_\_\_

