

LILY MISSIONS CENTER ANNUAL BANQUET



**THURSDAY
JULY 09, 2009
6:00pm – 7:30pm**

**“State of Emergency:
How Will We Respond?”**

**with guest speaker
LOMAS BROWN
18 YEARS WITH DETROIT LIONS**

**SUPERBOWL CHAMPION
TAMPA BAY BUCCANEERS**

and special guest

**LILY MISSIONS CENTER
1117 WG WADE DR.
JACKSON, MICHIGAN**

The Lily Missions Center, a **non profit organization**, is seeking sponsors to support our Annual Banquet. Funds raised will be used for operating community and youth programs at the Missions Center. The Center offers reading literacy, tutoring, youth scholarship assistance, teen transition programs (career planning, ACT tutorial, abstinence counseling & social skills training), financial management classes, mentoring and a host of other activities beneficial to productive life skills.

Lily Missions Center, a non profit organization
Help The Children... Rev. James I Hines, CEO

Platinum Sponsors – \$5,000 Includes:

- 2 tables (16 guests)
- logo and company name on all printed materials
- Media releases as Corporate Sponsor
- Business name on sponsored tables
- Meet and greet with players

Gold Sponsors – \$2,500 Includes:

- 8 tickets
- Media releases as Corporate Sponsor
- Business name on sponsored table
- Company Name listed in program
- Meet and greet with players

Silver Sponsors – \$1,500 Includes:

- 4 tickets
- Media releases as Corporate Sponsor
- Business name on sponsored table
- Company Name listed in program
- Meet and greet with players

Bronze Sponsors – \$500 Includes:

- 2 tickets
- Name listed in program
- Meet and greet with players

Patron – \$250 Includes:

- 1 ticket
- Name listed in program

Individual Tickets: \$30 each

Notification of Sponsorship must be received by

Date July 03, 2009

Return to:

Lily Missions Center

P. O. Box 421

Jackson, Michigan 49204

Phone: 517-783-6553 Fax: 517-783-2330

lilymissions@sbcglobal.net

Platinum Sponsor – \$5,000 Gold Sponsor – \$2,500

Silver Sponsor – \$1,500 Bronze Sponsor – \$500

Patron – \$250

Business Name: _____

Address: _____

Contact Person: _____

Phone: _____

Amount Due: _____ **Amount Enclosed:** _____

Pay by Check: _____ **Pay by Credit Card:** _____

Credit Card # _____

Security Code _____