











Lehigh District Friends of Scouting Luncheon



Signature of Person Making Pledge:_____

Signature of Cardholder:_____

Thursday, March 24, 2022
11:30am Registration 12:00pm Lunch/Program
Homewood Suites by Hilton
3350 Center Valley Parkway
Center Valley, PA 18034

Please join area Scouts in honoring

Michael Grabarits

President and Chief Academic Advisor of Step By Step Learning® with the

Distinguished Citizen Award

Please Indicate Choice:			Gifts Made Local—Stay Local. Uses of proceeds of gift(s) submitted herewith are hereby restricted exclusively to the funding of Minsi Trails Council, BSA Scouting programs and its operations.									
	Gold Sponsor (\$2,500)* Includes premium seating for table of eight guests, recognition in luncheon program and full page ad, signage in room, and podium mention.											
		able (\$1,000)* eight guests, recognition	on in lunc	luncheon program and full page ad.					Pay online at: www.Minsitrails.org/			
	First Cla		nd half page ad.					lehighlunch Please be sure to mail				
☐ Scout Sponsor (\$250)* Inclu			udes seating for two guests and quarter page					age ad.			r comple	
	Individual Tickets (\$100)*							sponsorship form by 3/3/2022				
	I am unable to attend. Please accept the following donation of \$											
Additional Sponsorship Opportunities (does not include attendance to lunch):												
☐ Outside Back Cover (8" H X 5" W) \$5 ☐ Inside Front Cover (8" H X 5" W) \$4				Full Page Ad (8" H X Half Page Ad (4" H X Quarter Page Ad (2.5 Business Card Size A				5" Ŵ) \$150 3" H X 5" W) \$125				
*Donations will be matched up to \$20,000 by an anonymous donor.												
Please email artwork in a .jpeg or .pdf format to Diane.Lariar@scouting.org by March 3, 2022												
-	ent Meth Check e	od: nclosed made paya	ble to Mi	linsi Trails Co	unci	I, BSA		Please Bil	ا Me	□ Pa	y by Credi	t Card
Please	e mail to	Minsi Trails Counci P.O. Box 20624, Le					1				couting.org 10)465-45	
Comp	any Nam	e:										
Name:			_				Phone #:					
Addre	ess:			City: _				s	state:		_Zip:	
E-mai	il Addres	5 :										

Card #:_____ Sec #:____ Exp Date:____

Name on Card: _____ Phone: _____

