

## 2025 COCKTAILS & CLASSICS SPONSORSHIP OPPORTUNITIES

Friday, September 26, 2025 \* 6 to 9:30 PM \* DoubleTree by Hilton

	John Updike \$10,000	Edgar Allan Poe \$7,500	Pearl Buck \$5,000	August Wilson \$2,500	John O'Hara \$1,000	Wallace Stevens \$500	James Michener \$250	Friends of RPL \$100 to \$249
Name/Logo on Penn St. Bridge Sign	✓							
Name/Logo in Library Display*	✓	✓	✓					
Name/Logo on Event Screens	✓	✓	✓					
Corporate Spotlight Mailing	✓	✓	✓	✓				
Social Media Posts & Thank You Press Release	✓	✓	✓	✓	✓			
Full-page Ad in Event Program (4 3/4" x 7 3/4")	✓	✓	✓	✓				
Half-page Ad in Event Program (4 3/4" × 3 3/4")					✓			
Quarter Page Ad in Event Program (2 1/4" x 3 1/2")						✓		
Logo Recognition on RPL's Website	✓	✓	✓	✓				
Logo Recognition on RPL's Website	✓	✓	✓	✓				
Name Recognition on RPL's Website					✓	✓	✓	
Listing in Event Program	✓	✓	✓	✓	✓	✓	✓	✓
Number of Tickets for Event**	14	12	10	8	4	2	1	0

* On display in the Main Library from October to December 2025.	** Lach ticket h
Please e-mail your black & white ad copy in PDF or JPEG format by Augustian	u <b>st 15, 2025,</b> to

Carolyn.Spano@ReadingPublicLibrary.org. Ads may include a sponsor's logo and contact information, with a statement of support or a personal message in the spirit of the event. Questions? Contact Carolyn Spano at 610.478.8977.



## 2025 SPONSORSHIP AGREEMENT

\_\_\_\_\_

Select your chosen sponsor level below. Sponsor commitments requested by August 8, 2025. Credit Card Payments can be made by selecting: <a href="https://tinyurl.com/25CCSponsor">https://tinyurl.com/25CCSponsor</a>

O John Updike - \$10,000	O Pearl Buck - \$5,000	O John O'Hara - \$1,000	O James Michener - \$250		
O Edgar Allan Poe - \$7,500	O August Wilson - \$2,500	O Wallace Stevens - \$500	○ Friends of RPL - \$100-\$249		
O We do not plan to use our	r tickets.				
O Please include # of ac	lditional tickets @ \$100 each.				
O Enclosed is a check payable	le to Reading Public Library F	oundation.			
O Please send me an invoice	for the amount indicated abo	ove.			
Individual/Company Name:		Please bill my c	redit card:		
. ,		Account #:			
Contact Person:		 Exp. Date:	CCV:		
		Exp. Date	CCV		

Billing Zip Code:\_\_\_\_\_

Name on Card:

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