

# **A Unique Advertising Opportunity**

Your Company has been specially chosen to participate in the NISA Advertising Sponsorship Program (NISA = Northern Illinois Samoyed Assistance, Inc.).

The principle goal of NISA is to save healthy, good-natured Samoyeds from euthanasia in shelters by uncaring humans. We are a complete support group, offering counseling on behavior, grooming, general health, obedience classes, and more to any "Proud Samoyed Owner".

Membership dues and donations fund NISA. This monetary support is necessary to continue our support of rescuing unwanted Samoyed dogs, and to cover our costs relating to their rescue. These costs include heartworm treatments, spay/neuter plus all vaccinations and grooming expenses.

NISA is endorsed by the Chicago Veterinary Medical Association for our efforts to help homeless animals in the Chicagoland area.

As a sponsor, your business will have monthly exposure through NISA's newsletter, and there are many other promotional opportunities.

NISA holds its meetings the first Friday of each month (except December). If interested, we would love to have you speak to the group at one of our meetings. Please let us know.

NISA members want to support your business!! As a sponsor, you can provide the club with marketing information to be included in membership kits. Many sponsors choose to offer special promotional deals to our members in the form of a coupon or a special card. This enables them to monitor business origination from NISA members. Also, sponsors often donate items for monthly or yearly raffles. This is another way to help us financially while continuing to put your business' name in front of our members.

Please review the sponsorship levels outlined below, and submit your pledge along with your ad (business card or other). Responses can be sent to NISA Sponsorship Program, c/o Donna Sharik, 8408 Balder Drive, Cary Ill. 60013-3008. Upon receipt of your pledge, an invoice will be sent with payment terms of net 30. If you have any questions, please feel free to call Donna, Sponsorship Chairperson, at (847) 639-6774.

Please make checks payable to NISA.

Thank you, in advance, for your support in helping us help them.

## **NISA SPONSORSHIP OPPORTUNITIES**

### **Hugs and Kisses Sponsor (\$300)**

- Full page ad for 12 months in the newsletter
- Name on our web page as a sponsor ([www.nisasamoyedrescue.org](http://www.nisasamoyedrescue.org))
- Recognition as an official Hugs and Kisses Sponsor
- One year subscription to our newsletter

### **Sammie Smiles Sponsor (\$150)**

- 1/2 page ad for 12 months in the newsletter
- Your name on our web page as a sponsor ([www.nisasamoyedrescue.org](http://www.nisasamoyedrescue.org))
- Recognition as an official Sammie Smiles Sponsor
- One year subscription to our newsletter

### **Tail Wagging Sponsor (\$75)**

- 1/4 page ad for 12 months in the newsletter
- Your name on our web page as a sponsor ([www.nisasamoyedrescue.org](http://www.nisasamoyedrescue.org))
- Recognition as an official Tail Wagging Sponsor
- One year subscription to our newsletter

### **Puppy Love Sponsor (\$50)**

- Business card ad for 12 months in the newsletter
- Your name on our web page as a sponsor ([www.nisasamoyedrescue.org](http://www.nisasamoyedrescue.org))
- Recognition as an official Puppy Love Sponsor
- One year subscription to newsletter

### **NISA Friend Sponsor (\$25)**

- Business card ad for 12 months in the newsletter
- Your name on our web page as a sponsor ([www.nisasamoyedrescue.org](http://www.nisasamoyedrescue.org))
- Recognition as a NISA Friend Sponsor

We choose not to sponsor NISA this year, but would like to give a gift of: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Checks should be made payable to NISA.

# NISA SPONSORSHIP SIGNUP SHEET

**Please check below if you want to be contacted about...**

Potential meeting facilities

Speaking at a meeting

"Member Packet" marketing inserts

Special event ideas

Promotional discounts for members

Potential special event facilities

**SPONSOR NAME** \_\_\_\_\_

**SPONSOR ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SPONSOR LEVEL SELECTED:** \_\_\_\_\_

**AMOUNT DUE \$** \_\_\_\_\_

(Please remember to include your ad)

**SPONSOR PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SPONSOR REPRESENTATIVE NAME:** \_\_\_\_\_

With this signature, the above person/business agrees to pay the amount associated with the level of sponsorship indicated within 30 days of the receipt of NISA's invoice.

**SPONSOR REPRESENTATIVE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Checks should be made payable to NISA**