



# ST. MICHAEL ANTIOCHIAN ORTHODOX CHURCH

VAN NUYS, CALIFORNIA

## Consecration Sponsorship Order Form

St. Michael Antiochian Orthodox Church  
Consecration Weekend  
October 3-6, 2024  
16643 Vanown Ave., Van Nuys, CA 91406  
[consecration@stmichaelvannuys.org](mailto:consecration@stmichaelvannuys.org)  
[www.stmichaelvannuys.org/consecration](http://www.stmichaelvannuys.org/consecration)

*To assist with the Consecration celebration expenses, please consider being a sponsor, all sponsors will receive an entry in the Souvenir Journal and tickets for Saturday Banquet & Sunday Reception after the Consecration.*

### Sponsorship Deadline: September 1, 2024

CATEGORY NAME	INCLUDED IN SPONSORSHIP	DONATION (USD)
<input type="checkbox"/> Platinum Sponsor	<i>Incl. Gold Page in in Souvenir Journal , and eight Saturday Banquet and Sunday Reception tickets</i>	\$10,000.00
<input type="checkbox"/> Gold Sponsor	<i>Incl. Silver Page in in Souvenir Journal , and six Saturday Banquet and Sunday Reception tickets</i>	\$5,000.00
<input type="checkbox"/> Silver Sponsor	<i>Incl. Full Page in in Souvenir Journal , and four Saturday Banquet and Sunday Reception tickets</i>	\$2,500.00
<input type="checkbox"/> Bronze Sponsor	<i>Incl. Half Page in in Souvenir Journal , and two Saturday Banquet and Sunday Reception tickets</i>	\$1,500.00

*Please select event(s) you wish to sponsor*

<input type="checkbox"/> Wednesday Hierarch Dinner
<input type="checkbox"/> Thursday Archdiocese Board of Trustee & Order Governing Council Dinner
<input type="checkbox"/> Friday Lunch
<input type="checkbox"/> Saturday Banquet
<input type="checkbox"/> Sunday Reception
<input type="checkbox"/> General Donation

**Please write your message here and Include how you want your name(s) to read, or email Camera-ready (PDF) artwork to: [consecration@stmichaelvannuys.org](mailto:consecration@stmichaelvannuys.org)**


**All forms must be completed and include full payment in order to be accepted and processed**

Select Payment Type:  Check  Credit Card

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

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

City, State, Zip Code: \_\_\_\_\_

Credit/Debit Card No: \_\_\_\_\_

CVV2: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (USD) Date: \_\_\_\_\_

Signature \_\_\_\_\_

*Signature required for all forms; unsigned forms will not be processed.*