

SOUTHEAST NEIGHBORHOOD CENTER NAMING OPPORTUNITIES

Groundbreaking new projects that bring stability, and opportunities for people to thrive, do not happen in isolation. The Southeast Neighborhood Center is possible because of the generosity of those who are moved to action. When we as a community work together, there are solutions.

It is because of that collaborative spirit that we greatly anticipate celebrating the donors who have made this project possible! Your generous gift of \$______ was received on ______.

Please indicate below which space(s) you would like to select for naming rights.

EARLY LEARNING CENTER:

NEIGHBORHOOD CENTER:

		Donation			Donation
EARLY LEARNING CENTER	\$ 250,000	Secured	NEIGHBORHOOD CENTER	\$ 300,000	Secured
Classroom #1	\$ 50,000		Playground	\$ 175,000	✓
Classroom #2	\$ 50,000		Multipurpose Room	\$150,000	
Classroom #3	\$ 50,000		Coffee Shop	\$ 50,000	
Classroom #4	\$ 50,000		Pharmacy	\$ 50,000	
Kitchen & Pantry	\$ 25,000		Tech Lab	\$ 30,000	
Classroom #5	\$ 25,000		Family Room	\$ 25,000	
Classroom #6	\$ 25,000		Flex Room A	\$15,000	
Classroom #7	\$ 25,000		Flex Room B	\$ 10,000	
			Kitchen	\$ 10,000	✓
Classroom #8	\$ 25,000		Waiting Room	\$ 10,000	
Teacher Support Room	\$ 15,000		Office	\$ 10,000	
Parent Support Room	\$ 15,000		Stable Families Meeting Space	\$ 7,500	
Mom's Room	\$ 10,000		Community Board Room	\$ 7,500	√
Laundry Room	\$ 10,000		Private Meeting Space A	\$ 5,000	<
Office	\$ 10,000	✓	Private Meeting Space B	\$ 5,000	✓
			Private Meeting Space C	\$ 5,000	

• A donor recognition installation is being designed for all donors who make a contribution to the Capital Campaign starting at the \$100 level.

** The Donor shall retain naming rights for a period of no-less than 20 years.

Please use the following name(s) in all acknowledgements (i.e. Annual Report, published updates, etc.):

Please use the following name(s) on signage for the chosen space & donor recognition installation: *If different from above*

We would prefer to remain anonymous.

This gift is in tribute/memorial to:___



WE ARE INVESTING A GIFT IN THE SOUTHEAST NEIGHBORHOOD CENTER

Name:						
Organization/Foundation:						
Address:						
City, St. Zip:						
Phone:						
Email:						
IMPACT LEVELS:						
\$ 250,000	\$ 25,000	\$ 2,500				
\$ 100,000	\$ 10,000	\$ 1,000				
• •	\$ 7,500	Other \$				
\$ 35,000	\$ 5,000					
PLEDGE INFORMATION:						
We pledge a total of \$ to be paid						
 Now in full Monthly in the amount of: \$, 1st Payment date: 						
Annually in the amount of: \$, 1st Payment date: Please bill me						
This contribution will be made in the form of: cash check credit other						
Credit Card Number:						
Exp. Date: Bil	ling Zip Code:	Security Code:				
Signature:						

GIFT ACKNOWLEDGEMENT:

Please use the following name(s) in all acknowledgements:

