

# 2012 New Jersey Gala Sponsorship Agreement

Name (as you would like it to appear in the Event Program) \_\_\_\_\_

Contact Name (if applicable) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**I/my company would like to be a:**

- |   |  |
|---|--|
| <input type="checkbox"/> Presenting Sponsor - \$10,000 (10 Seats) | <input type="checkbox"/> Individual Ticket - \$65        |
| <input type="checkbox"/> Gold Sponsor - \$5,000 (10 Seats)        | <input type="checkbox"/> Full Page Program Ad - \$500    |
| <input type="checkbox"/> Silver Sponsor - \$2,500 (10 Seats)      | <input type="checkbox"/> Half Page Program Ad - \$250    |
| <input type="checkbox"/> Bronze Sponsor - \$1,000 (10 Seats)      | <input type="checkbox"/> Quarter Page Program Ad - \$125 |
| <input type="checkbox"/> Table Sponsor - \$650 (10 Seats)         |  |

*Under IRS Guidelines, a specified amount of the price will be in exchange for benefits received. The balance of your payment may be a tax-deductible contribution to the extent allowed by law. Benefits received for these sponsorship levels are as follows: Presenting: \$850; Gold: \$750; Silver: \$700; Bronze: \$650; Table: \$650.*

Please contact us regarding:  Placing an ad in the auction catalog  Donating an item to the auction  
 Please reserve \_\_\_\_\_ individual tickets. **List guest information below.**

Guest Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We cannot sponsor, but would like to help the children in Holt's care with a donation of \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_  check  credit card (circle one) Visa MC Am Ex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address, City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

For more information, contact:

Sandi Mehl, Events & Corporate Relations Director, [sandim@holtinternational.org](mailto:sandim@holtinternational.org)  
[www.holtinternational.org](http://www.holtinternational.org)

**Phone: 541.687.2202 ext. 140 Direct: 720.202.3669 Fax: 541.687.0803 P.O. Box 2880, Eugene, OR 97402**