

Please join us to support the important work
of Assumption College for Sisters!

GALA SEATING

QTY.	TYPE	DONATION	COST
	Seat(s)	Individual Seats at \$200 each \$125.00 of each ticket is tax deductible	\$
	Table(s)	Tables (10 seats) at \$2,000 each \$1,250 of each table purchase is tax deductible (Includes Full Page, Black & White ad in Journal)	\$

JOURNAL AD

QTY.	TYPE	SIZE	DIMENSIONS	DONATION	
	Gold	Full Page	5.5"w x 8.5"h	\$ 10,000	\$
	Silver	Full Page	5.5"w x 8.5"h	\$ 5,000	\$
	Bronze	Full Page	5.5"w x 8.5"h	\$ 2,000	\$
	Black & White	Full Page	5.5"w x 8.5"h	\$ 1,000	\$
	Black & White	Half Page	5.5"w x 4.25"h	\$ 500	\$
	Black & White	Quarter Page	2.75"w x 4.25"h	\$ 200	\$
	Black & White	Name Listing	Line	\$ 100	\$

OTHER OPPORTUNITIES

	We would like to sponsor a Sister or Sisters to attend the Caring Basket Gala for \$200.00 each	\$
	Please accept a donation. No Ad please.	\$
TOTAL		\$

AD COPY (Due March 3, 2017)

Please send business card or send copy via fax, mail or email. If your ad is digitally prepared, please send press quality PDF. All copy will be set in keeping with the Ad Journal design.

Mail to: Assumption College for Sisters, 200 A Morris Ave., Denville, NJ 07834 or

Email: gala@acs350.org • Phone: (973) 957-0188 x 101 • Fax: (973) 957-0190

NAME _____

COMPANY / ORGANIZATION NAME _____

ADDRESS _____

CITY STATE ZIP _____

PHONE EMAIL _____

Please seat me in the section honoring:

Plate

Quick

Pigott

The College

PAYMENT

- Pre-payment is offered for your convenience for purchases made the evening of the Gala. This reduces delays during check-out. All information is kept strictly confidential, and will be destroyed March 25, 2017. Please call Patty McGrady at (973) 957-0188 x 101, if you have any questions.

- Please make checks payable to: **Assumption College for Sisters**

Please check all that apply to your credit card: _____ Reservations (number of seats _____)

_____ Basket Raffle sheets (number _____ - \$100/first sheet; \$50/additional sheets; Basket Raffle sheets will be at the Registration table)

_____ Pre-payment (we will keep your credit card on file for convenience the night of the Gala)

NAME AS IT APPEARS ON CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

Amex

Mastercard

Visa

Discover

Receipts will be mailed upon request

PLEASE USE THE ENCLOSED ENVELOPE
to mail this Response Folder to:

Assumption College for Sisters
200 A Morris Avenue
Denville, NJ 07834

DINNER R.S.V.P. by March 9, 2017