

Names of Guests at Our Tables

Table Hosts: _____

Guest(s) at Table ONE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Guest(s) at Table TWO:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

There is an exciting Live Auction, Silent Auction,
Basket Raffle, 50/50 Chances and Mystery Raffle!

ASSUMPTION COLLEGE FOR SISTERS

The
Seventeenth Annual
*Caring
Basket
Gala*

**TEACH A SISTER...
TOUCH THE WORLD!**

Response Folder

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	Half Page	2.75"w x 4.25" h	\$ 200	\$
	Black & White	Quarter Page	2.75"w x 2.12" h	\$ 100	\$
	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, 2018)

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
www.acs350.org

NAME _____

COMPANY/ORGANIZATION NAME _____

ADDRESS _____

CITY STATE ZIP _____

PHONE EMAIL _____

Please seat me in the section honoring:

Hundt Duphiney Coughlin The College _____

PAYMENT

By CHECK and it is enclosed for \$ _____.

Please make checks payable to: Assumption College for Sisters

By CREDIT CARD: Amex Mastercard Visa Discover

NAME AS IT APPEAR ON CARD _____

CREDIT CARD NUMBER _____

VALID THRU _____

Please email gala@acs350.org for confirmation
of reservations and Gala updates.

Receipts will be mailed upon request

PLEASE USE THE ENCLOSED ENVELOPE

to mail this Response Folder to:
Assumption College of Sisters
200 A Morris Avenue
Denville, NJ 07834

DINNER S.V.P. by March 9, 2018