

Names of Guests at Our Tables

Table Hosts: _____

Guest(s) at Table ONE: *Would you like a Sister at your table?*

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 are exciting Auctions and
50/50 Chances!

ASSUMPTION COLLEGE FOR SISTERS

The
Twenty-Fourth 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 \$300 each \$200.00 of each ticket is tax deductible	\$
	Table(s)	Tables (10 seats) at \$3,000 each \$2,000 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	\$ 12,000	\$
	Silver	Full Page	5.5"w x 8.5" h	\$ 6,000	\$
	Bronze	Full Page	5.5"w x 8.5" h	\$ 3,000	\$
	Black & White	Full Page	5.5"w x 8.5" h	\$ 1,500	\$
	Black & White	Half Page	5.5"w x 4.25" h	\$ 750	\$
	Black & White	Quarter Page	2.75"w x 4.25" h	\$ 400	\$
	Black & White	Name Listing	Line	\$ 100	\$

SPONSORSHIP OPPORTUNITIES

	Full 2 year scholarship/one sister* (includes Gold ad)	\$28,000
	Full 1 year scholarship/one sister* (includes Silver ad)	\$14,000
	Full 1 semester scholarship/one sister* (includes Bronze ad)	\$7,000
	Memorial Scholarship Donations (in honor of a loved one)	\$ _____
	Educational materials for one sister/one year* (includes Full page ad)	\$1,000
	Sponsor a sister to attend the Caring Basket Gala	\$300
	Scholarship donation (no ad please)	\$ _____
TOTAL		\$



NAME _____

COMPANY/ORGANIZATION NAME _____

ADDRESS _____

CITY STATE ZIP _____

PHONE EMAIL _____

Please seat me in the section honoring:

Sylva Goulart Donnelly/Powers ACS

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 visit acs350.cbo.io to register & receive Gala updates.

AD COPY (Due March 17, 2025)

Please send business card or ad 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**

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 14, 2025