

Registration

- I/We would like (# of) ticket(s)_____at \$300 per person*
- I/We would like (# of) employee ticket(s)_____at \$150 per person
- I/We cannot attend, but would like to sponsor (# of) employee(s) _____at \$150 per person
- I/We cannot attend. Please accept my tax-deductible donation of \$_____

Guest Name/Company

Address

City

State

Zip

Phone

Email

Form of Payment: Check (*Made Payable to Carrier Clinic*)
 Visa MasterCard AmEx Discover

Credit Card #

Security Code

Exp. Date

Name on card

Signature

Table Guests (*Complete names, please*)

Please seat me/us with

Special dietary needs

Limited seating. Kindly respond by November 19, 2018.

Join us as we Celebrate Our Stars!

Sponsorship Opportunities

★ Gala Sponsor
\$25,000

★ Entertainment Sponsor
\$10,000

★ Dinner Sponsor
\$15,000

★ Cocktail Reception
Sponsor \$5,000

Tables & Tickets

★ Table Host \$2,500

★ Individual Ticket \$300

★ Employee Ticket \$150

Ad Journal Opportunities

★ Back Cover (Color)
\$5,000

★ Full page (B&W)
\$1,000

★ Inside Front Cover (Color)
\$2,500

★ Half page (B&W)
\$500

★ Inside Back Cover (Color)
\$2,500

★ Quarter Page (B&W):
\$300

Ad Journal Print Deadline: November 13, 2018

**Print deadlines vary on all collateral materials. Logo/name inclusion is based on when written confirmation is received. The value of Goods & Benefits received is \$140 per attendee. Your full tax deduction equals your total donation minus \$140 per attendee. This is not intended to serve as tax advice. All charitable tax deductions should be discussed with a tax professional.*

Kindred Spirit Gala

FUND DEVELOPMENT DEPARTMENT ★ CARRIER CLINIC
P.O. BOX 147, 252 ROUTE 601
BELLE MEAD, NJ 08502



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