

Adding Life to Years Gala

Celebrating our purpose and passion

Thursday, June 20, 2024



Crown Plaza Hotel, Warwick

Pledge Form

Sponsor name (please print sponsor name exactly as you wish it to be listed on promotional materials and in the event program book.)

Contact Person

Address

City/State/Zip

Telephone

Email

Sponsorship Commitment

- | | |
|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Presenting Sponsor..... \$7,500 | <input type="checkbox"/> Diamond Sponsor..... \$5,000 |
| <input type="checkbox"/> Sapphire Sponsor..... \$3,500 | <input type="checkbox"/> Ruby Sponsor..... \$2,500 |
| <input type="checkbox"/> Emerald Sponsor..... \$1,000 | <input type="checkbox"/> Opal Sponsor..... \$500 |

Sponsorship Total Amount:

- | | |
|----------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Individual tickets (\$150 per person) | \$ _____ |
| <input type="checkbox"/> Matching Gift | \$ _____ |
| <input type="checkbox"/> I cannot participate, but would like to make a donation | \$ _____ |
| Total Amount | \$ _____ |

Form of Payment

- | | |
|--------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Payment Enclosed | <input type="checkbox"/> Send Invoice |
| <input type="checkbox"/> Please Charge My Credit Card: | MasterCard Visa Discover AMEX |

Credit Card Number

Expiration Date

Signature

Please return completed form to:

Aldersbridge Communities

40 Irving Avenue, East Providence, RI 02914

For More information, contact:

Elise Strom, 401-438-4456, estrom@aldersbridge.org, fax 401-431-9166



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