## FAMILIES FORWARD

**DIGNITY • EMPOWERMENT • HOPE** 



### 32nd Anniversary Gala Saturday, September 17, 2016 Fairmont Newport Beach

#### SPONSORSHIP OPPORTUNITIES

Presenting Sponsor \$30,000

Limited offer - One at this level.

Your generosity will be honored at the Gala Sponsor Reception and includes two center front row tables for 10 at the Gala.

Advocate of Hope \$20,000 Giving families possibilities. Two premium tables for 10 at the Gala.

Nurture the Children \$15,000 Creating a brighter future. A preferred table for 10 at the Gala

Impact Families \$10,000

Build the bridge toward self-sufficiency.

A table for 10 at the Gala

Partner in Progress \$5,000

Make a difference in Orange County.

A table for 10 at the Gala.

Lend a Hand \$2,500

One family at a time.

Six preferred seats at the Gala.

Friend in Deed \$1,500

Be there for someone in need.

Four preferred seats at the Gala.

#### All Sponsors receive:

Recognition listing in Event Program
Recognition during Sponsor Reception and Gala Dinner
Recognition in all press releases
Your name will be listed on the Families Forward website for one year.
ALL SPONSORS ARE INVITED TO A SPECIAL SPONSOR RECEPTION
AUGUST 25, 2016

(Please complete backside of form)

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An Evening Of Hope

	I/We would like to support families in need at the following level:				
_	□ Presenting Sponsor	\$30	0,000		
	Advocate of Hope		0,000		
	☐ Nurture the Children		,000		
	☐ Impact Families		,000		
	☐ Partner in Progress		000		
	☐ Lend a Hand		500		
	☐ Friend in Deed	· -,	\$1,500		
	(Please note: you will be contacted later to get your guests' names.)				
	Table Sponsor: \$3,000 each, 10 se	Table Sponsor: \$3,000 each, 10 seats and recognition at the event.			
	Seats: I would like to reserve seats at \$300 per person (no sponsorship).				
	I / we are unable to attend the event, but would like to support the mission of Families Forward with a donation of \$				
	Enclosed is my check payable to: (Preferred method of payment)	Enclosed is my check payable to: <b>"Families Forward"</b> . \$(Preferred method of payment)			
	Please charge \$ to my VISA/MasterCard/American Express account (please circle)				
	Account #: Expiration Date:				
	Security Code: Signature:				
Snc	onsor Namo				
Эрс	onsor Name(Please print as you wish to be	recognized / acknowledge	d on printed mater	als & website)	
	ntact Name				
Em	ail address:				
	equired)				
Mai	ling Address				
	STREET ADDRESS	CITY	STATE	ZIP CODE	
Pho	one				
D.	and the same that the same of	. Harris I. J. 1 2010 'C	.dala ka la cilici i		
Piea	<u>ase return this reservation form no later</u>	<u>tnan July I, 2016 If you v</u>	<u>wish to be listed (</u>	<u>on the Gala Invi-</u>	

tation or August 15, 2016 if you wish to be listed in the tribute program.

Please mail your check & this form to:
Families Forward
8 Thomas
Irvine, CA 92618
Attention: Susan DeGrassi

E-mail: sdegrassi@families-forward.org Phone: (949) 716-5868