



Second Annual Charity Gala

TO BENEFIT



WOMEN'S CENTER
WORKING TO END VIOLENCE



Sponsorships

\$500 White Tie Sponsorship (Includes tickets for 2 guests, recognition in the program)

\$1,000 Tail-Coat Sponsorship (Includes tickets for 4 guests, recognition in the program, quarter-page ad)

\$2,500 Top Hat Sponsorship (Includes tickets for 6 guests, recognition in the program, half-page ad)

\$5,000 Rogers Sponsorship (Includes tickets for 10 guests, recognition in the program, half-page ad)

\$10,000 Astaire Sponsorship (Includes tickets for 20 guests, recognition in the program, full-page ad)

For inclusion on the invitations, reply by August 1st

Thank you for your participation.

Proceeds to benefit the Women's Center free programs and services.

Donations are tax deductible as allowed by law. EIN# 06-0983819

Please return this form to Matthew Ames, Event Coordinator, at mames@fredastaire.com

or mail it to 117 Old State Road, Brookfield, CT 06804. For questions call 203-775-6588.

Payment

Enclosed is my check made payable to **the Women's Center of Greater Danbury** in the amount of \$_____,
or bill my credit card ___ Visa ___ Master Card

Name on Card _____ Exp. Date _____ Security Code _____

Card # _____ Signature _____

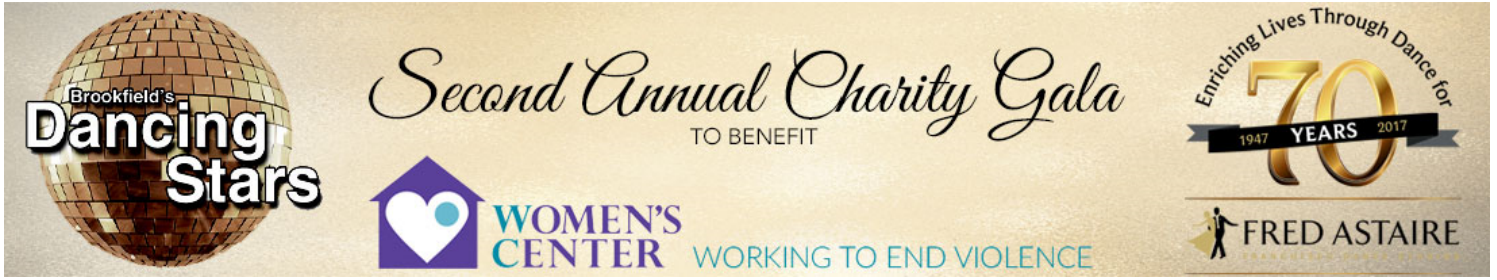
For all purchases, please complete the information below:

Name of Donor (Individual or Business) as you would like it to appear on printed materials.

Contact Name: _____ Email: _____

Address: _____

Phone: _____



Program Advertisements | Seen by over 180 guests

Ad Deadline is August 30th. Please email artwork to mames@fredastaire.com in .png, .jpg, .tff, or .psd format.

\$200 Full-Page (4.5" w x 7.5" h) \$100 Half-Page (4.5" w x 3.75" h) \$50 Quarter-page (2.25" w x 3.75" h)

Tickets

I would like tickets for _____ guest.

___ I will be picking them up in person at 117 Old State Road, Brookfield, CT 06804.

___ Please mail them to the address below.

My total is \$180 x _____ = _____

Payment

(For program advertisements and tickets checks should be made payable to **Dance Dreams LLC**)

Enclosed is my check in the amount of \$ _____, or bill my credit card ___ Visa ___ Master Card

Name on Card _____

Card # _____ Exp. Date _____ Security Code _____

Signature _____

Thank you for your participation.

Your patronage will help offset the cost of Brookfield's Dancing Stars Charity Gala so that all donations go directly to the Women's Center free programs and services.

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