SPONSORSHIP & TICKETS

UNMASKING HOMELESSNESS 2017 MASQUERADE BALL

THE WOODWINDS — 29 SCHOOLGROUND ROAD, BRANFORD — FRIDAY, APRIL 14TH, 6–10 PM

TICKETS / SPONSORSHIP

_____ Attendees x $125 each per person = $ _____

☐ Housing ($7,500) ☐ Advocacy ($5,000) ☐ Impact ($2,500) ☐ Hope ($1,500) ☐ Helping Table ($1,000) ☐ Large Ad ($500) ☐ Small Ad ($250)

MONETARY DONATION

☐ I/We can't attend, but please accept this gift of support = $ _____

SPONSORSHIP LEVELS

HOUSING SPONSOR ($7,500)
Company name incorporated into event name, premium table of 10, company banner prominently displayed at event, full-page full color ad in program, logo on all promotional materials

ADVOCACY SPONSOR ($5,000)
Premium table of 10, company banner prominently displayed at event, half-page full color ad in program, logo on event website

IMPACT SPONSOR ($2,500)
Table of 10, company banner prominently displayed at event, half-page full color ad in program, logo on event website

HOPE SPONSOR ($1,500)
Four event tickets, half-page full color ad in program, name listed on event website

HELPING TABLE SPONSOR ($1,000)
Preferred seating table of 10, name listed in program

LARGE PROGRAM BOOK AD ($500)
Half-page full color ad in program

SMALL PROGRAM BOOK AD ($250)
Business card sized full color ad in program

PAYMENT INFORMATION

PRIMARY CONTACT

NAME _____ PHONE _____

COMPANY NAME (IF APPLICABLE) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PAYMENT INFORMATION

Total Amount Due $ _____ ☐ Check enclosed (payable to The Connection)

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

____ - ____ - ____ - ____ Exp. __ / __ CVV ____

SIGNATURE _____

CREDIT CARD BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

NAME _____ PHONE _____

COMPANY NAME (IF APPLICABLE) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE MAIL THIS FORM WITH PAYMENT **BEFORE MARCH 31, 2017** TO:
THE CONNECTION (ATTN: MASQUERADE BALL) 100 ROSCOMMON DRIVE, SUITE 203, MIDDLETOWN, CT 06457
FOR ADDITIONAL INFORMATION, CONTACT BETH CONNOR 860 343-5500 X1600 BCONNOR@THECONNECTIONINC.ORG

AUCTION DONATION

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THE WOODWINDS — 29 SCHOOLGROUND ROAD, BRANFORD — FRIDAY, APRIL 14TH, 6–10 PM

ITEM FOR SILENT OR LIVE AUCTION:

(PLEASE DESCRIBE BELOW.)

RETAIL COST= $

☐ I WILL DROP OFF OR MAIL TO THE CONNECTION ON OR BEFORE MARCH 31ST ☐ CONTACT ME TO ARRANGE A PICK-UP

PERSONAL INFORMATION

PRIMARY CONTACT

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

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TICKETING INFORMATION

ATTENDEE 1

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 2

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 3

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 4

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 5

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 6

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 7

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 8

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 9

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL

ATTENDEE 10

NAME PHONE

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP

EMAIL