



The Arc Foundation of Somerset County Presents The  
**2020 Arc Angel Gala**

Friday, November 6, 2020 at The Bridgewater Marriott Hotel 7:00pm

**2020 Sponsorship Reservation Form**

*You may use this form to make a payment or pledge to reserve a table*

*Please return by Monday, October 12<sup>th</sup> to: The Arc Foundation of Somerset County:  
P.O. Box 903, Far Hills NJ 07931*

*Proceeds from this annual fundraiser go toward the vital funds needed for the many service programs The Arc offers to children and adults living with intellectual and developmental disabilities in Somerset County and to our **Camp Jotoni Cabin 3 & 4 Renovation Campaign***

**Great Gatsby (\$20,000) \_\_\_\_\_**

Admission for 16 guests at the Gala

VIP Cocktail Party Entry at 6:30pm

Inside Cover Placement in digital ad in e-magazine

**Great Gatsby (\$10,000) \_\_\_\_\_**

Admission for 12 guests at the Gala

VIP Cocktail Party Entry at 6:30pm

Inside Cover Placement in digital ad in e-magazine

**Charlie Chapin (\$7,500) \_\_\_\_\_**

Admission for 10 guests at the Gala

VIP Cocktail Party Entry at 6:30pm

(Full back page out) digital ad in e-magazine

**Flapper (\$5,000) \_\_\_\_\_**

Admission for 8 guests at the Gala

VIP Cocktail Party Entry at 6:30pm

Full page digital ad in e-magazine

**Charleston (\$3,500) \_\_\_\_\_**

Admission for 6 guests at the Gala

½ page digital ad in e-magazine

**Empire (\$2,500) \_\_\_\_\_**

Admission for 4 guests at the Gala ¼ page digital ad in e-magazine

**Additional Opportunities**

Individual Tickets (\$200 per person; \$350 / couple) \_\_\_\_\_

General Contributions \$ \_\_\_\_\_

*Please complete the attached ad journal form and return both forms to*

*The Arc Foundation of Somerset County*

*P.O. Box 903, Far Hills NJ 07931*

*Attn: Lisa Marie, Director of Foundation Development and Public Relations*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

*Payment may be made by check or credit card. Checks should be made payable to The Arc Foundation of Somerset County*

Please Circle one:      Visa      Mastercard      Amex      Check Enclosed

Name on Card: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

For more information, contact via email: [foundation@thearcofsomerset.org](mailto:foundation@thearcofsomerset.org)

