

25th Anniversary

Adam Taliaferro Foundation Gala

Friday, March 28, 2025

Contact Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone Number: _____

Official Name for Recognition: _____



☐ **Yes, we will be a Presenting Sponsor \$50,000+**
Up to 30 guests with preferred seating
– Premier Digital Ad

☐ **Yes, we will be a Believe Sponsor \$25,000**
Up to 30 guests with preferred seating
– Premier Digital Ad

☐ **Yes, we will be a Platinum Sponsor \$15,000**
Up to 20 guests with preferred seating
– Premier Digital Ad

☐ **Yes, we will be a Gold Sponsor \$10,000**
Up to 20 guests with preferred seating
– Premier Digital Ad

☐ **Yes, we will be a Silver Sponsor \$7,500**
Up to 15 guests – Digital Ad

☐ **I cannot attend. Please accept my donation of \$_____**
to help raise \$100,000 for The Adam Taliaferro Foundation.

☐ **Yes, we will be a VIP Taliaferro Sponsor \$5,000**
Up to 10 guests – Digital Ad

☐ **Yes, we will be a Taliaferro Sponsor \$3,500**
Up to 10 guests – Digital Ad

☐ **Yes I will be a Reception Sponsor \$1,000**
2 guests

☐ **Yes, I will purchase _____ individual seat(s) \$350**

☐ **We will purchase an ad in the digital program.**

☐ **Premier Digital Ad \$1,500**

☐ **Digital Ad \$1,000**

Digital ad in 16:9 ratio with
landscape orientation

Make checks payable to “Adam Taliaferro Foundation” and return with form to:

Jefferson Moss-Magee Rehabilitation Hospital
Development Dept.

1513 Race Street, Philadelphia, PA 19102

giving@MageeRehab.org • Phone (215) 587-3090