



# Home On The Range

## Children's Aid and Family Services Annual Gala

### Friday, March 26, 2010

### Hackensack Golf Club, Oradell, NJ

*Deadline for Sponsorships: February 12, 2010*

#### SPONSORSHIP OPPORTUNITIES

**SHERIFF Sponsor - \$25,000**

Includes: Reserved table for 14 guests to our fun-filled evening, company VIP to speak at event, headline name logo on invitation, 4-color back cover ad in commemorative journal, reception banner recognition at event, dedicated press release, logo and link on website, and prominent inclusion in all publicity materials.

**DEPUTY Sponsor - \$15,000**

Includes: Reserved table for 12 guests to our fun-filled evening, name mention on invitation, 4-color inside front cover ad in commemorative journal, recognition at the event, logo and link on website, and prominent inclusion in publicity materials.

**MARSHALL Sponsor - \$10,000**

Includes: Tickets for 8 guests to our fun-filled evening, name mention on invitation, 4-color inside back cover ad in commemorative journal, recognition at the event, logo and link on website, and prominent inclusion in publicity materials.

**OUTLAWS Sponsor - \$5,000**

Includes: Tickets for 4 guests to our fun-filled evening, full-page ad in commemorative journal, name mention on invitation, logo and link on website, recognition at the event, and inclusion in publicity materials.

**COWBOY Sponsor - \$2,500**

Includes: Tickets for 2 guests to our fun-filled evening, full-page ad in commemorative journal, logo and link on website, recognition at the event, and inclusion in publicity materials.

**I am unable to sponsor but would like to support this event with a donation of \$ .....**

**Please also reserve the following event tickets:**

..... Supporter Tickets: \$350 per person (Includes premium listing as a Supporter in the Journal)

..... Contributor Tickets: \$250 per person (Includes listing as a Contributor in the Journal)

..... Friend Tickets: \$150 per person

**Payment:** Make check payable to "Children's Aid and Family Services," or charge \$ ..... (total amount) to:

VISA/Mastercard # ..... Card Expiration Date: .....

Name as it appears on card: .....Signature: .....

Company: .....Contact Name: .....

(As you would like to be listed in the commemorative journal)

Address:.....

Phone: ..... Fax: ..... Email: .....

Please return completed form with payment to: Madinah Grier, Children's Aid and Family Services, 200 Robin Road, Paramus, NJ 07652.

T: (201) 261-2800 / F: (201) 634-3672 / E: [mgrier@cafsnj.org](mailto:mgrier@cafsnj.org)