



CHILDREN'S AID AND FAMILY SERVICES AN EVENING OF WINE AND FOOD

ALL PROCEEDS BENEFIT VULNERABLE
CHILDREN AND FAMILIES IN OUR COMMUNITIES

FRIDAY OCTOBER 13, 2017 | INDIAN TRAIL CLUB | 830 FRANKLIN LAKE ROAD, FRANKLIN LAKES, NJ 07417

Yes, I will join Children's Aid and Family Services' Evening of Wine and Food and Become a Sponsor

- \$20,000 Signature Sponsor
20 tickets with reserved seating, inside front or back cover event journal ad, featured in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$10,000 Platinum Sponsor
10 tickets with reserved seating, full page color ad, mention in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$5,000 Gold Sponsor
6 tickets, full page color ad, mention in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$2,500 Silver Sponsor
2 tickets, full page color ad, mention in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$1,000 Bronze Sponsor
Full page color ad, mention in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$250 Magnum Ticket/# of tickets _____
Name included in event journal, event signage and cafsnoj.org.
- \$125 Vintage Ticket/# of tickets _____
- General Donation \$ _____

Yes, I will join Children's Aid and Family Services' Evening of Wine and Food through the Event Journal

Ad Deadline Date: Wednesday October 2, 2017

- \$1,000 Inside Front or Back Cover (one opportunity available for each)
- \$500 Full Page Color (4.75W x 7.75H)
- \$250 Half Page Color (4.75W x 3.75H)

****Added Value: Each ad purchaser will be featured on our website (10,000 unique visitors monthly) and social media pages (1,500 followers) and have exclusive signage at the event****

Please submit artwork in jpg, pdf, eps, tiff format electronically to events@cafsnj.org

Yes, I will join Children's Aid and Family Services' Evening of Wine and Food through a donation for the silent auction

Item Description: _____

Item Value: _____ To be included in the event journal donation commitments must be recieved October 2, donation deliveries due October 9th.

Name _____ Company _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

I have enclosed: Check # _____ please make checks payable to Children's Aid and Family Services.

Please bill my: Mastercard Visa American Express Total to be charged \$ _____

Card Number: _____ Exp Date: _____ CVV: _____

Mail completed form to:

Children's Aid and Family Services | Development Department
200 Robin Road, Paramus, NJ 07652

For questions or additional information, please contact us at events@cafsnj.org or 201-740-7101