



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

ALL PROCEEDS BENEFIT VULNERABLE
CHILDREN AND FAMILIES IN OUR COMMUNITIES

FRIDAY OCTOBER 25, 2019 | 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, full color ad in electronic journal, 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 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 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 color ad, mention in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$1,000 Bronze Sponsor
Full color ad, mention in press release, signage at event, logo on cafsnoj.org website and social media promotion.
- \$300 Magnum Ticket/# of tickets _____
Name included in event journal, event signage and cafsnoj.org.
- \$150 Vintage Ticket/# of tickets _____
- General Donation \$ _____

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

Ad Deadline Date: Monday October 14th, 2019

- \$750 Full Page Color (8.5H x 11W)
- \$500 Half Page Color (8.5H x 5.5W)

Please submit ad in high resolution PDF or jpg with resolution of 300 dpi or higher 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 received by October 6th, donation deliveries due October 11th.

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