Yes, I will support Children's flid and Family Services' Annual Fall Fundraiser

Become a Sponsor

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Signature Sponsor\$20,000
Two (2) VIP reserved tables for 10, name/logo on promotional materials including prominent feature in event emails to 2,500+ active supporters, all signage, CAFSNJ.org website, publicity materials, social media posts, and handheld auction devices; recognition from podium and featured full-page color ad in digital journal. <i>Tax deductible portion is \$18,080</i> .
Platinum Sponsor
Reserved table for 10, name/logo on promotional materials including event emails to 2,500+ active supporters, all signage, CAFSNJ.org website, social media posts, and handheld auction devices; recognition from podium and full-page color ad in digital journal. <i>Tax deductible portion is \$9</i> ,040.
Gold Sponsor
Complimentary tickets for 6 guests, name/logo on promotional materials including event emails to 2,500+ active supporters, all signage, CAFSNJ.org website, social media posts, and handheld auction devices; and full-page color ad
in digital journal. Tax deductible portion is \$4,424.
Silver Sponsor
Bronze Sponsor
Purchase a Ticket
VIP Old Havana Tickets\$32
Inclusion of name in event journal and cafsnj.org. Tax deductible portion is \$229 per ticket.
Tropicana Tickets\$17
Tax deductible portion is \$79 per ticket.
Purchase an Electronic Journal Ad
Submission Deadline: October 1, 2023
Full Page Full Color ad - \$1,000

Ad Formats: High resolution PDF is preferred. If necessary, a JPG of 300dpi or higher resolution at actual ad dimensions is acceptable.

Please submit ad files to: events@cafsnj.org

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In order to be included in our Silent Auction, donation commitments must be received by September 16th and deliveries of donation items are due September 23rd. Item Description: Item Value: Item Value: Item Value: I cannot join the event but I would like to support Children's Aid and Family Services with a donation. Donation Amount: Name: Company Mailing Address: City: State: Zip: Email Home Phone: Credit Card: Please charge my: Visa MasterCard AMEX Discover Total amount to be charged: \$ Credit Card #: Expiration Date: Security Code: Name as it appears on card: Signature: Date: *Required for Payment	make a allent	Unction housing
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Children's Aid and Family Services Development Department 200 Robin Road Paramus, NJ 07652-1414

For questions or additional information, please contact us at events@cafsnj.org or 201-740-7100.

MAIL COMPLETED

FORM TO: