















# Threads of Giving Gala

Individual Tickets	Community Host \$500 <small>(include recognition in program book, \$400 is tax-deductible)</small>	Community Partner \$250 <small>(\$150 is tax-deductible)</small>		
Sponsor Levels	Underwriter \$25,000 (1) <small>(\$24,000 tax-deductible)</small>	Benefactor \$10,000 <small>(\$9,000 tax-deductible)</small>	Patron \$5,000 <small>(\$4,000 tax-deductible)</small>	Supporter \$3,000 <small>(\$2,000 tax-deductible)</small>
Recognition on website and in program book				
Logo or name on print and digital marketing materials				
Recognition by event emcee				
Display of logo or name at Gala				
Speaking opportunity during program				

All sponsorship levels receive 10 individual tickets | SPONSORSHIP DEADLINE: February 23, 2018

## CONTACT INFORMATION

Organization/Company Name *as you would like to be recognized:* \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

NUMBER OF TICKETS: \_\_\_\_\_ TICKET/SPONSOR LEVEL: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_  DONATION ONLY

Check enclosed (payable to CAAP)

Credit Card:  Visa  Mastercard  American Express  Discover

Account #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Zip: \_\_\_\_\_ CID#: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

You can also register online at [www.centeraap.org/events](http://www.centeraap.org/events)

Mail to: CAAP - 2651 Saulino Ct., Dearborn MI 48120