

GASP April 1, 2009 Gala Form

Gala Tickets, Sponsorship, Ads in Commemorative Journal

I would like to sponsor the Gala at the following level (indicate with checkmark):

- _____ **Platinum Sponsor:** \$10,000
- Platinum Sponsor recognition at Gala
 - Platinum Sponsor recognition in Ad Journal
 - Full back cover b/w ad, or front or back inside cover ad in Ad Journal
 - Platinum Sponsor recognition plaque
 - Gala table (ten tickets)

- _____ **Gold Sponsor:** \$5000
- Gold Sponsor recognition at Gala
 - Gold Sponsor recognition in Ad Journal
 - Full center page b/w ad in Ad Journal
 - Gold Sponsor recognition plaque
 - Gala table (ten tickets)

- _____ **Silver Sponsor:** \$2500
- Silver Sponsor recognition at Gala
 - Silver Sponsor recognition in Ad Journal
 - Full page b/w ad (excludes back, inside covers) in Commemorative Journal
 - Silver Sponsor recognition plaque
 - four Gala tickets

I would like an ad (black/white) in the Commemorative Journal in the following size:

_____ Full Page back cover, or front or back inside cover (if available): \$1500

_____ Full Page: 8 1/2" W x 11" H (back, inside covers excluded): \$500

_____ Half Page: 8 1/2" W x 5 1/2" H: \$250

_____ Quarter Page/Business Card: \$125

_____ Friend/Member list: \$50

_____ Our artwork is enclosed

We will email our artwork to GASP, from our email address: _____

Deadline for all artwork is March 19. Questions regarding artwork? Call GASP at 908-273-9368 or email khainesgasp@verizon.net. Please mail artwork in a high resolution, press quality file format, to GASP at the address below, or email to khainesgasp@verizon.net. Thank you.

I would like _____ Gala tickets, at \$250 each for a total of \$_____.

I would like to be a PLATINUM / GOLD / SILVER Gala Sponsor \$_____.

I have purchased an ad in the Commemorative Journal for a total of \$_____.

Total amount of purchase \$_____.

(Note: \$125 per ticket is a tax deductible charitable contribution)

Company Name: _____

Contact: _____

Billing Address: _____

Phone: _____ Fax: _____ Email: _____

Credit Card info: VISA / MasterCard / Debit / AMEX (circle)

Card Number: _____ Exp. Date: _____ Security Code _____

Cardholder's Name: _____ Cardholder's Signature _____

Please make checks payable to: NJ GASP

Please mail this form with payment info to: GASP, 7 Cedar Street, Suite A, Summit, NJ 07901 or fax form to (908) 273-9222. To pay by phone, or to ask questions, please call (908) 273-9368.