

AIE

AMERICAN
INDIA
FOUNDATION

BAY AREA

Gala

HONORING

Nandita Bakhshi

President and Chief Executive Officer
Bank of the West

05.13.2017

HILTON UNION SQUARE
Grand Ballroom
333 O'Farrell St
San Francisco, CA-94102

SPONSORSHIP OPPORTUNITIES

PLATINUM \$100,000

- 4 Prime Tables with 40 seats
- Gala Benefactor Listing
- Listing on Gala Invitations, Program and Online Materials
- Company Logo or Name Listing at Gala Venue Signage
 - 2017 Annual Report Recognition
- Complimentary Valet for all Guests

PREMIUM \$50,000

- 2 Prime Tables with 20 Seats
- Gala Underwriter Listing
- Listing on Gala Invitations, Program and Online Materials
- Company Logo or Name Listing at Gala Venue Signage
 - 2017 Annual Report Recognition
- Complimentary Valet for all Guests

PATRON \$25,000

- 1 Preferred Table with 10 Seats
- Gala Co-Chair Listing
- Listing on Gala Invitations, Program and Online Materials
- Company Logo or Name Listing at Gala Venue Signage
 - 2017 Annual Report Recognition
- Complimentary Valet for Table Sponsor Only

CHAMPION •• \$10,000

- 1 Choice Table with 10 Seats
- Gala Sponsor Listing
- Listing on Gala Program and Online Materials
- Name Listing at Gala Venue Signage
 - 2017 Annual Report Recognition

PREFERRED TICKET(S) \$2,500

- 1 Preferred Ticket
- Name Listing on Gala Program
- 2017 Annual Report Recognition

CHOICE TICKET(S) \$1,000

- 1 Choice Ticket
- 2017 Annual Report Recognition

QUERIES?

Please contact us at:

Tel: 408.916.1975 Email: preena.soni@aif.org
530 Lytton Avenue, 2nd Floor, Palo Alto, CA 94301

Yes, I WILL BE ATTENDING THE 2017 BAY AREA GALA

Please reserve:

___ 4 Prime Tables for \$100,000

___ Preferred Ticket(s) at \$2,500

___ 2 Prime Tables for \$50,000

___ Choice Ticket(s) at \$1,000

___ 1 Preferred Table for \$25,000

___ I am unable to attend, but would like
to contribute \$ _____

___ 1 Choice Table at \$10,000

___ Enclosed is my check payable to AMERICAN INDIA FOUNDATION
(Please write "Bay Area Gala 2017 in the memo section)

___ Please charge my credit card for \$ _____ American Express Discover Mastercard Visa

Card # _____ Expiration date _____ Security Code _____

Signature _____

For your acknowledgment, please print your name exactly as it should appear:

I prefer a business listing I prefer a personal listing

Name (Ms/Mr/Mrs/Dr) _____

Title / company _____

Contact Name _____ Contact Email _____

Address _____

City _____ State _____ Zip _____

Email Address (required) _____

Phone _____ Fax _____ Mobile _____

Billing Address Same As Above Address

City _____ State _____ Zip _____

PLEASE EMAIL FORM TO PREENA.SONI@AIF.ORG