

AIF

AMERICAN
INDIA
FOUNDATION

BAY AREA

Gala

05.13.2017

HILTON UNION SQUARE
333 O'FARRELL ST, SAN FRANCISCO, CA

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: 408.916.1976 Email: luz.pacheco@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 LUZ.PACHECO@AIF.ORG