

Frisco Family Services Gala 2017- ONE

Saturday, March 25, 2017

SPONSOR PLEDGE FORM



Sponsor Information:

Sponsor Name *(Please provide name as you wish it to appear in publications.)*

Contact First Name	Contact Last Name	Title	
Address	City	State	Zip
Phone Number	Fax Number	Type of Business	
Email Address			

☐ Company logo- for sponsors at \$5,000 and up
Please send high resolution vector logo to gala@friscofamilyservices.org

☐ Sponsor Program Advertisement- for sponsors at \$3,500 and up
Please send full-color, no bleed program advertisement by **February 13, 2017**, to gala@friscofamilyservices.org
Full Page- 4.75w" x 7.75h" Half Page- 4.75w" x 3.75h"

Type of Support:

<input type="checkbox"/> Sponsorship Level _____	Amount \$ _____
<input type="checkbox"/> Individual Tickets Number of tickets _____ x \$150 each	Amount \$ _____
<input type="checkbox"/> Donation Only	Amount \$ _____
<input type="checkbox"/> In-Kind Auction Item: _____	
<input type="checkbox"/> Special Instructions: _____	

Billing Information:

Total Amount \$ _____

☐ Check Enclosed ☐ Please Invoice ☐ Credit Card

Card # _____ Exp. Date _____ CVV _____

Email, Mail or Fax form to:

Frisco Family Services
Attn: Gala Committee
P.O. Box 1387
Frisco, TX 75034

Phone: 972-335-9495
Fax: 972-335-9487
gala@friscofamilyservices.org