



The Arc Foundation of Somerset County presents the

## 2017 Arc Angel Gala:

*"Celebrating 45 Years of Service"*

Friday, November 3, 2017 at The Bridgewater Marriott Hotel

### 2017 Sponsorship Reservation Form

*You may use this form to make a payment or pledge to reserve a table at the*

### *2017 Arc Angel Gala*

Please return by September 29, 2017 to: The Arc Foundation of Somerset County:

141 South Main Street, Manville, NJ 08835

#### Sponsorship Opportunities

##### ***Chairman (\$10,000)*** \_\_\_\_\_

Main center front seating for ten at the Gala

VIP Cocktail Party Entry at 6:30pm

Inside Cover Placement in digital & print ad  
in e-magazine and ad journal

##### ***Vice Chairman (\$7,500)*** \_\_\_\_\_

Premium seating for ten at the Gala

VIP Cocktail Party Entry at 6:30pm

(Full back page out) digital & print ad  
in e-magazine and ad journal

##### ***Benefactor (\$5,000)*** \_\_\_\_\_

Prime seating for ten at the Gala

VIP Cocktail Party Entry at 6:30pm

Full page digital & print ad in e-magazine  
and ad journal

##### ***Volunteer Sponsor (\$3,500)*** \_\_\_\_\_

Seating for 6 at the Gala

1/2 page digital & Print ad in e-magazine and ad journal

##### ***Sapphire Sponsor (\$2,500)*** \_\_\_\_\_

Seating for 4 at the Gala

1/4 page digital & print ad in e-magazine and ad journal

#### Additional Opportunities

***Individual Tickets (\$200 per person; \$350/couple)*** \_\_\_\_\_ ***General Contribution \$*** \_\_\_\_\_

**Please complete the attached ad journal information form and return both forms to:**

**The Arc Foundation of Somerset County**

**P.O. Box 903, Far Hills NJ 07931**

**Attn: Lisa Marie Arieno, Director of Foundation Development and Public Relations**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

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

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Payment may be made by check or credit card. Checks should be made payable to: The Arc Foundation of Somerset County

Please circle one:    Visa    MasterCard    American Express    Check Enclosed

Name on card: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**For more information, contact Lisa Marie Arieno at 908-658-3805**

**Or via e-mail at: [lisamariea@thearcofsomerset.org](mailto:lisamariea@thearcofsomerset.org)**