

The Arc Foundation of Somerset County Presents The 2021 ARC ANGEL "UNMASK OUR HEROES" COCKTAIL AWARDS RECEPTION

Friday, October 15th 2021 at Raritan Valley Country Club 7:00pm-10:00pm

An awards celebration to recognize our community of outstanding volunteers and supporters who helped our Arc community during the 2020-2021 COVID-19 pandemic

2021 SPONSORSHIP RESERVATION FORM

*Proceeds from this event will go toward vital program supports provided to over 1,000 adults and families we serve
we will accept multiple sponsorships at each level



COCKTAIL RECEPTION SPONSOR *\$5,000

Admission for 8 guests+ 2 honorees
Outdoor Fire Pit Seating Area Reserved
Sponsor Company or Family Name on Banquet Area
Back cover placement in digital ad in e-magazine
Includes seating with 2 honorees from a group we are honoring
Main sponsor of zoom link to the full group of volunteers being honored at this event



AWARDS SPONSOR *\$2,500

Admission for 6 guests +2 honorees
Name recognition on Awards Table
Full inside front cover page digital ad in e-magazine
Includes seating with 2 honorees from a group we are honoring



ARC ANGEL SPONSOR *\$1,500

Admission for 2 guests and 2 honorees
1/2 page digital ad in e-magazine
Includes seating with 1 honoree from a group we are honoring



ADDITIONAL OPPORTUNITIES

____ Tickets (\$95 per person) General Contributions \$ _____

*Please complete the attached ad journal form and return both forms **BEFORE** September 25th to*

The Arc Foundation of Somerset County

P.O. Box 903, Far Hills NJ 07931

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

**All Sponsorships will include 1 drink ticket per person for the specialty bar. Additional drink tickets can be purchased at the event.
Beer and wine are included*

Name: _____ Company: _____

Email: _____ Phone: _____

Address: _____

*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 Amex Check Enclosed (Check # _____)

Name on Card: _____ Total Amount: _____

Card Number: _____ Expiration Date: _____



**FOR MORE INFORMATION EMAIL: foundation@thearcofsomerset.org or
CALL: 908-658-3805**

