

# Alameda County Family Justice Center

\*Name \_\_\_\_\_ Agency/Organization \_\_\_\_\_  
(Please check here \_\_\_ if you would like your donation to be anonymous.)

\*Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Phone \_\_\_\_\_ Fax \_\_\_\_\_ \*Email \_\_\_\_\_

Guest Name(s) \_\_\_\_\_  
(\* required information)

\_\_\_ Please reserve \_\_\_ ticket(s) for me: \$175/ticket; Deadline January 14, 2012 (Tickets held at door)

\_\_\_ I wish to sponsor the event by purchasing a table: \$1,750 (10 seats each)  
Names of Guests: \_\_\_\_\_ (use back if needed)  
(If unknown at this time, please provide ASAP: email colleen.clark@acgov.org)

\_\_\_ I wish to sponsor the event at the following level:

- \_\_\_ Healer \$20,000 (Full page in program, sponsor sign, verbal recognition, Table(s))
- \_\_\_ Guardian \$10,000 (Half page in program, sponsor sign, verbal recognition, Table(s))
- \_\_\_ Advocate \$5,000 (Quarter page in program, sponsor sign, verbal recognition, 1 Table)
- \_\_\_ Navigator \$2,500 (Quarter page in program, sponsor sign, 4 tickets)
- \_\_\_ Mentor \$1,000 (Business card in program, sponsor sign listing, 2 tickets)
- \_\_\_ Friend \$500 (Name listed in program, sponsor sign listing, 1 ticket)

\* All sponsors will be contacted personally regarding recognition and ticket accommodations.

\_\_\_ I wish to donate an Auction Item(s): \_\_\_\_\_ (Please describe on back)  
\* All auction item donors will be contacted personally to arrange for pick up.

\_\_\_ I cannot attend but wish to make a tax deductible contribution in the amount of \$ \_\_\_\_\_

\_\_\_ I wish to purchase space in the Program (Deadline for submissions December 10, 2011)\*\*\*

- \_\_\_ Full Page \$ 1,500.00
- \_\_\_ Half Page \$ 750.00
- \_\_\_ Quarter Page \$ 300.00
- \_\_\_ Business Card \$ 175.00

\* All page space purchasers will be contacted personally to facilitate placement in program.

## Form of Payment: All Donations are Tax Deductible – 501(c) (3), Tax ID# 26-1141080

Check enclosed for \$ \_\_\_\_\_ payable to Alameda County Family Justice Center (ACFJC)

Please charge \$ \_\_\_\_\_ to my Visa/MasterCard

Name on card \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please mail or fax your completed form with payment to: Alameda County Family Justice Center  
470 27<sup>th</sup> Street  
Oakland, CA 94612  
Tel. 510 267-8800  
Fax 510 267-8809**