

Fashion to Fund the Future

November 7, 2017

The Desmond Hotel Malvern



Fashion to Fund the Future – End Homelessness in Chester County

We are holding our 19th annual *Fashion to Fund the Future* on **November 7, 2017 at The Desmond Hotel Malvern** and we are excited to share our exclusive sponsorship opportunities with you. A sponsorship entitles you to a series of benefits and your commitment helps us to better serve women and children who are facing or experiencing homelessness in Chester County.

To secure your sponsorship package, kindly fill out the backside of this form and return it to us by October 24, 2017. For individual ticket purchases, you may choose to fill out and return this form, or visit homeofthesparrow.org/fashion.

SPONSORSHIP OPPORTUNITIES

Please return by October 24 to be listed in the program. Event tickets are held at the door.

- | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <i>Leader of the Flock</i> | \$ 5,000 |
| Includes 10 tickets/ 1 reserved table/ Name in all publicity
Full-page program ad/ 2 bottles of wine at your table | |
| <input type="checkbox"/> <i>Dream Catcher</i> | \$2,500 |
| Includes 10 tickets/ 1 reserved table/ Full-page program ad
Recognition at the event/ 2 bottles of wine at your table | |
| <input type="checkbox"/> <i>Nest Builder</i> | \$1,000 |
| Includes 10 tickets/ 1 reserved table/ Half-page program ad
Recognition at the event/ 2 bottles of wine at your table | |
| <input type="checkbox"/> <i>Friend of the Sparrow</i> | \$500 |
| Includes 4 tickets/ Name in the program | |

INDIVIDUAL TICKETS

- | | |
|---------------------------------------------------|-------------|
| <input type="checkbox"/> <i>Individual Ticket</i> | \$75 |
|---------------------------------------------------|-------------|

*****PLEASE SEE REVERSE FOR SPONSORSHIP FORM****

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First and Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email: _____

I am unable to attend. Enclosed is my contribution of \$ _____

I would like to pay by check. Total \$ _____

I would like to pay by credit card. Total \$ _____

__ Visa

__ MasterCard

__ American Express

Credit Card Number and Expiration Date

Signature (as it appears on card)

Date

Please indicate your meal choice(s):

If responding for more than 1 person, please use box to identify names with entrée choices.

__ Chicken

__ Salmon

__ Vegetarian

If you have seating preferences, please specify:

Home of the Sparrow

969 E Swedesford Rd

Exton, PA 19341

610-647-4940 / www.homeofthesparrow.org