

RESPONSE

Please choose from the following sponsorship levels:

Platinum Sponsor – \$25,000

(Tax Deductible: \$23,400)

- ♦ Name or company logo prominently displayed at the gala
- ♦ Listing (with sponsor's website) in commemorative gala journal as *Platinum Sponsor*
- ♦ VIP table of 8, preferred seating
- ♦ 8 tickets to VIP Reception with honorees and special guests
- ♦ Listing as *Platinum Sponsor* on OSIA.org website (with hyperlink)
- ♦ *Company logo placement as click through banner on NELA Homepage*

Gold Sponsor – \$10,000

(Tax Deductible: \$8,400)

- ♦ Listing (with sponsor's website) in commemorative gala journal as *Gold Sponsor*
- ♦ VIP table of 8
- ♦ Listing as *Gold Sponsor* on OSIA.org website

Silver Sponsor – \$5,000

(Tax Deductible: \$3,400)

- ♦ Listing (with sponsor's website) in commemorative gala journal as *Silver Sponsor*
- ♦ Table of 8
- ♦ Listing as *Silver Sponsor* on OSIA.org website

Bronze Sponsor – \$1,500

(Tax Deductible: \$1,100)

- ♦ Listing (with sponsor's website) in commemorative gala journal as *Bronze Sponsor*
- ♦ 2 tickets

Sponsor – \$1,000

(Tax Deductible: \$1,000)

- ♦ Listing (with sponsor's website) in commemorative gala journal as *Sponsor*

Tickets Only - \$500

(Tax Deductible: \$300)

- ♦ Please indicate number of tickets: _____ @ \$500 each = _____ **Total**

SPONSOR LISTING INFORMATION

Please specify how you would like to be listed in the commemorative gala journal and OSIA.org (if applicable):

Please fill out reverse side of this response card.

My check for the total amount of \$_____ is enclosed.

(Please make all checks payable to the Sons of Italy Foundation)

Please charge my credit card for the total amount of \$_____.

Card Type: AMEX / MC / VISA Expiration _____ CVV _____

Card number _____

Name on card _____

Billing address _____

All sponsors and ticket purchasers, please provide information below:

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Contact Person (if different from above) _____

To ensure proper seating at the NELA Gala, please list the names of persons to be seated at your table below, along with any special meal requirements they may have. Please include yourself in the list.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please use the enclosed envelope to mail response card and payment.

- ♦ Deadline for RSVPs and sponsorship listing submissions is **APRIL 30**.
- ♦ A receipt and an official statement indicating the contribution value for tax purposes will be provided. (SIF Tax ID #23-627652-6)
- ♦ All proceeds benefit the Sons of Italy Foundation's National Scholarship and Education Fund, related charities and cultural preservation programs.
- ♦ Please direct questions to at 202.547.2900 or nelagala@osia.org