



Sponsorship Opportunities

Join the Autism Society of Minnesota for an enchanting evening of food, drinks, games, silent and live auction, and a celebration of those serving as true inspirations to individuals affected by autism spectrum disorder. Gala proceeds benefit programs and services for the Minnesota autism community.

APRIL 27, 2018 • DOUBLETREE HILTON HOTEL MINNEAPOLIS - PARK PLACE

Wizard: \$5000 LEVEL

- ★ 1 table of 10 for gala, with signage
- ★ Company logo or organization/family name in program
- ★ Organization logo or family name displayed at event
- ★ Company logo and link on AuSM website
- ★ Full page advertisement in gala program
- ★ Company logo on gala invitation (if sponsoring by March 1)

Magician: \$1000 LEVEL

- ★ 1 table of 10 for gala, with signage
- ★ Company logo or organization/family name in program
- ★ Organization logo or family name displayed at event
- ★ Company name and link on AuSM website

Enchanter: \$2500 LEVEL

- ★ 1 table of 10 for gala, with signage
- ★ Company logo or organization/family name in program
- ★ Organization logo or family name displayed at event
- ★ Company logo and link on AuSM website
- ★ Half page advertisement in gala program

Sorcerer's Apprentice: \$500 LEVEL

These sponsors will receive recognition as hosts for one of the following elements of the evening: Wall of Wine, Heads or Tails Game, Raffle.

Summoner: AUCTION DONATION

Items and/or experiences with a value of over \$100 are much appreciated.

SPONSOR REPLY FORM

Please return this form and payment by March 30, 2018 to the Autism Society of Minnesota. For more information, contact Jillian Gubash at jgubash@ausm.org.

WE ARE PROUD TO "Celebrate the Magic Within" AS A SPONSOR FOR THE 2018 AU SM GALA.

- Wizard (\$5000)
 Enchanter (\$2500)
 Magician (\$1000)
- Sorcerer's Apprentice (\$500 each, please indicate your choice) ___ Wall of Wine ___ Raffle ___ Heads or Tails ___ Other
- Summoner: We have a donation for the silent or live auction (specify here _____)

SPONSORSHIP TOTAL: \$ _____

Name _____

Company Name _____

Company Website _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Check enclosed # _____

Please charge: Visa MasterCard Discover AMEX

Card # _____

Exp. _____ CVV _____ Billing Zip _____

Signature _____