

**Sponsorship Reply Form | RSVP by October 10, 2017**

### SPONSORSHIP LEVELS

**Platinum / \$25,000**  
10 VIP tickets to ARCK's 6th Annual Benefit Gala / Sponsors 50 students for an entire school year / Company logo in program booklet (full page) and on ARCK website / Company name or logo featured in media coverage, social media, and press releases / Presenter at ARCK's 6th Annual Benefit Gala on October 26, 2017

**Gold / \$15,000**  
8 VIP tickets to ARCK's 6th Annual Benefit Gala / Sponsors 30 students for an entire school year / Company logo on ARCK website and in program booklet / Company name or logo featured in media coverage, social media, and press releases

**Silver / \$10,000**  
6 VIP tickets to ARCK's 6th Annual Benefit Gala / Sponsors 20 students for an entire school year / Company logo on ARCK website, in program booklet, and in press releases

**Bronze / \$5,000**  
4 VIP tickets to ARCK's 6th Annual Benefit Gala / Sponsors 10 students for an entire school year / Company logo on ARCK website / Program booklet listing

**I / We will not be attending but would still be interested in supporting ARCK through a donation in the amount of \$\_\_\_\_\_.**

### PROGRAM BOOKLET AD SIZES

**Full Page Ad / \$4,000**  
5.5" x 7.5"

**Half Page Ad / \$3,000**  
5" x 3.625"

**Quarter Page Ad / \$2,000**  
2.375" x 3.625"

**Logo Listing or Mention / \$1,000**

### Ad Specifications

Ads should be in color, must be at least 300 dpi resolution with no bleeds, and must be submitted in PDF format.

### TICKETS

**VIP Admission / \$500**  
Admission from 6-11pm / No. of tickets \_\_\_\_\_

**General Admission / \$175**  
Admission from 7-11pm / No. of tickets \_\_\_\_\_

### CONTACT INFORMATION

\_\_\_\_\_

Donor Name / Company Name (Please print the donor name exactly as it should appear in print.)

\_\_\_\_\_

Contact Name Title Contact No.

\_\_\_\_\_

Address City State ZIP code

\_\_\_\_\_

Email Address

### PAYMENT

\_\_\_\_\_

Name on Credit Card (MasterCard / VISA / American Express)

\_\_\_\_\_

Card No. Expiration Date (MM/YY) CVV

\_\_\_\_\_

ZIP code Signature

\_\_\_\_\_

Billing Address (if different than above)

**Check enclosed**

All payments for sponsorship levels must be received by **August 14th** to be listed in the invitation, and all payments must be received by **October 10th** to be listed in the program and website.

Please complete and mail/scan this form along with your enclosed payment to:

**ARCK**  
36 Bromfield Street, Suite 301,  
Boston, MA 02108  
info@arckboston.org

Or, pay online at:  
[www.arckboston.org/gala](http://www.arckboston.org/gala)