



Thursday, May 16th, 2019 | 6:00pm-8:00pm

SPONSORSHIP PLEDGE FORM

Company Name: _____

Name for materials, if different: _____

Contact Name: _____

Address: _____

Phone: _____ E-Mail: _____

SPONSORSHIP LEVELS:

Please select the level of your Taste to Remember commitment below.

- | | |
|--|---|
| <input type="checkbox"/> Executive Chef - \$5,000* | <input type="checkbox"/> Chef de Cuisine - \$2,500* |
| <input type="checkbox"/> Sous Chef - \$1,000* | <input type="checkbox"/> Chef de Partie - \$500* |

*For your convenience,
we will send you an invoice
for your sponsorship.*

INDIVIDUAL TICKETS:

_____ # of Presale Promotion Tickets at \$85/each or \$150/pair <i>(through April 16)</i>	Total: \$ _____
_____ # of General Admission Tickets at \$100/each or \$175/pair	Total: \$ _____
_____ # of Young Professional Tickets at \$50 each	Total: \$ _____
_____ # of add-on admissions to VIP Reception at \$25/per person	Total: \$ _____

***LOGO:** Please send a high resolution logo in .jpg or .eps format to
Adrienne Galloway at agalloway@childrenshungeralliance.org

Send completed form to Adrienne Galloway at agalloway@childrenshungeralliance.org
or fax to (614) 396-7465.